

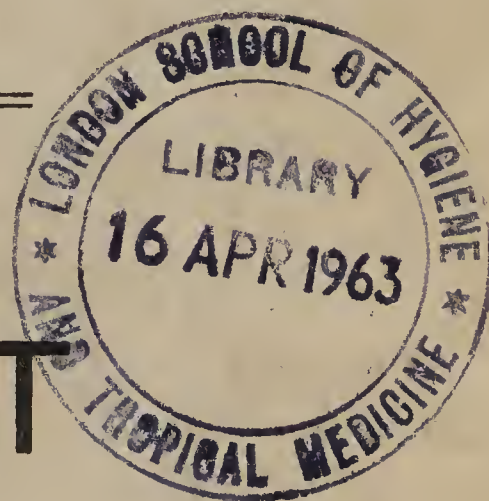
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COUNTY BOROUGH OF SOUTHEND-ON-SEA

REPORT



ON THE WORK OF

PUBLIC HEALTH DEPARTMENT
and SCHOOL HEALTH SERVICE

For the Year 1961




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COUNTY BOROUGH OF SOUTHEND-ON-SEA

HEALTH COMMITTEE

Chairman:

Councillor S. Holden, A.A.C.C.A. (Hons.)

Vice-Chairman:

Councillor Mrs. M. Bullock

The Mayor

Councillor S.A. Anderson, D.F.C.

Councillor J.S. Bryden

Councillor M. Burstin

Councillor F.S. Handy

Councillor A.S. Heffer

Councillor J.M. Living, B.Sc.

Councillor K.F.J. Maynard

Councillor E.J. Pollitt

Councillor Mrs. G. Poole

Councillor S.J. Sims

Councillor Mrs. J.F. Wilkinson

Councillor T.W. Woodrough, F.I.C.S.

Councillor A. Wootton

Co-opted Members:

J.C. Field, Esq., F.H.A.

Dr. B. Quinn

Mrs. L.R. Lewis

CARE, AFTER-CARE AND WELFARE SUB-COMMITTEE

The Council Members of the Health Committee, together with M. Hogg, Esq., Mrs. L.R. Lewis and the Rev. J.D. Mann, M.A.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE

The Council Members of the Health Committee, together with Miss E. Fowler, Mrs. L.R. Lewis and Dr. B. Quinn.

RESIDENTIAL ACCOMMODATION SUB-COMMITTEE

The Council Members of the Health Committee, together with Miss E. Fowler, Mrs. L.R. Lewis and Mrs. F.E. Monk.

JOINT HEALTH AND EDUCATION COMMITTEE

Chairman: Councillor R.J. Watts, M.Ch.S., M.R.I.P.H.H.

Vice-Chairman: Councillor Mrs. G. Poole.

The Mayor

Alderman A.V. Mussett

Councillor J.S. Bryden

Councillor Mrs. M. Bullock

Councillor A.S. Heffer

Councillor S. Holden, A.A.C.C.A.

(Hons.)

Councillor E.W. Penn, T.D., A.C.I.I.

Councillor E.J. Pollitt

Councillor S.J. Sims

Councillor Mrs. J.F. Wilkinson

W.A. Waller, Esq., B.Comm., F.C.S., J.P.

Municipal Health Centre,

Warrior Square,

Southend-on-Sea.

Telephone: Southend 49451

ANNUAL REPORT

The report, compiled in accordance with Ministry of Health Circular 1/62, records the achievements of the staff of the Public Health Department and reflects the consideration and support we continue to receive from the Committees we serve.

It enables me to express appreciation of assistance from the Public Health Laboratory Service, the administrative staffs of the Local Executive Council and the Hospital Management Committee, the services of the St. John Ambulance Brigade and the other voluntary bodies with which we work.

Our work is supported by the unfailing co-operation of the Corporation's chief officers and their staffs, and our medical colleagues, general practitioners and consultants alike, by which our service to the public is made the more effective.

To all I am more indebted than I can say.

J. Lumsden Holman.

MEDICAL OFFICER OF HEALTH

VITAL STATISTICS 1961

POPULATION

At mid-year 1961 as estimated by Registrar General	164,620
" " " 1939 " " " " " "	137,800

	SOUTHEND-ON-SEA	England and Wales
	Totals	Rates per 1,000 population
Live Births:	2,310	*14.87 17.4
Males 1,232		
Females 1,078		
		Rates per cent of Total Live Births
Illegitimate Live Births:	165	7.14 5.9
		Rates per 1,000 Total Births
Stillbirths:	36	15.55 19.1
Males 20		
Females 16		
Total Live and Still Births:	2,346	
Males 1,252		
Females 1,094		
		Rates per 1,000 Live Births
Infant Deaths (under 1 year):	52	22.51 21.6
Males 33		
Females 19		
		Rates per 1,000 Live Related Births
Legitimate 48	22.38	
Illegitimate 4	24.24	
		Rates per 1,000 Live Births
Neo-natal deaths (under 4 weeks):	30	12.99 15.5
Males 18		
Females 12		
Early Neo-natal deaths (under 1 week):	25	10.82 13.4
Males 14		
Females 11		
		Rates per 1,000 Total Births
Perinatal Mortality (Stillbirths and early neo-natal deaths combined):	61	26.00 32.2
Maternal Mortality	-	0.33
		Rates per 1,000 Live Births
Deaths from Enteritis and Diarrhoea under 2 years of age:	1	0.43 0.56
		Rates per 1,000 Population
Deaths:	2,291	*11.55 12.0
Males 1,081		
Females 1,210		

NOTE: (1) The rates marked * are adjusted rates, calculated by multiplying the "crude" rates by comparability factors, namely, Births 1.06 Deaths 0.83.
 (2) The Rates for England and Wales are based by the Registrar General on the quarterly returns and are "provisional".

		SOUTHEND-ON-SEA		England and Wales
		Totals	Rates per 1,000	Population
Deaths from:				
Whooping Cough	-	-	-	0.00
Diphtheria	-	-	-	0.00
Respiratory Tuberculosis	8	0.05	0.07	
Influenza	17	0.10	0.15	
Acute Poliomyelitis	-	-	0.00	
Pneumonia	108	0.66	0.65	
Cancer of Lung and Bronchus	90	0.55	0.49	
Males	74	0.99	0.87	
Females	16	0.18	0.14	

POPULATION

The estimated mid-year population was 164,620, being 4,500 more than mid-1960. The census preliminary figure was 164,976.

BIRTHS

There were 2,310 live births, 86 more than in the previous year, and the highest since the "bulge" of 1946 to 1949. The last decade has vindicated the views expressed about the likely trend of the birth rate in Southend-on-Sea and it appears probable that in the immediate future the total births will be of the order of 2,250 - 2,500 per annum.

Illegitimate births totalled 165, 22 more than in the previous year.

Stillbirths

The 36 stillbirths registered during the year were 10 more than in 1960 but at 15.35 per thousand still represent an improvement on the national rate of 19.1.

DEATHS

The deaths of 2,291 residents were registered during the year, the comparable figure for 1960 being 2,203. Male mortality rose by 6 to 1,081 and female mortality rose by 82 to 1,210.

Tuberculosis

There were 8 deaths from pulmonary tuberculosis, all males. The rate of 0.05 per thousand population remains slightly below the national rate of 0.07 per thousand.

Cancer

There were 402 deaths (212 male and 190 female) 14 less than in 1960.

Lung and Bronchus Cancer

It will be seen from the following table that there has been no significant alteration in the total of deaths from this cause since 1956:-

Year	Male	Female	Total
1956	81	16	97
1957	89	12	101
1958	88	16	104
1959	79	20	99
1960	88	17	105
1961	74	16	90

Vascular Lesions of the Nervous System

There were 323 deaths (98 males and 225 females) from these causes.

Heart Diseases

These caused 826 deaths (410 males and 416 females) 63 more than in 1960.

Violence

Motor vehicle accidents caused 11 deaths (7 males and 4 females), and other accidents 37, compared with 35 in 1960. Deaths from suicide totalled 27, of these 5 males were aged between 45-65 and 1 between 65-75. Of the female suicides 2 were aged between 15-25; 3 were in the age group 25-45; 10 between 45-65 and 2 between 65-75; the over-75's contributed 4 deaths. There was one homicide.

Infant Mortality

Stillbirths and early neo-natal deaths largely result from the same causes. As chance can play some part in determining to which category foetal loss may be assigned, it is the combination of stillbirths and early neo-natal deaths in the **perinatal mortality** which is significant.

Although the perinatal rate rose from 23.11 per thousand total births to 26.00, it still is lower than the national average of 32.2 per thousand; continued evidence of the high quality of the maternity services available in the area.

Infant mortality, however, affords much less cause for satisfaction because the rate between 1 month and 1 year is 9.52 per thousand live births whereas in England and Wales it is **only** 6.1. This is characteristic of our vital statistics for some years past and occasions disquiet.

Maternal Mortality

For the **fifth** time in the history of the Borough and for the **fourth** successive year, no woman died from maternal causes.

Deaths of Children of School Age

There were 10 deaths of children, 7 boys and 3 girls, aged 5 to 15.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical and Dental Staff: Whole Time

James Stevenson Logan, M.B., Ch.B., D.P.H. Medical Officer of Health;
Principal School Medical Officer.

John Conway Preston, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.,
Deputy Medical Officer of Health; Deputy Principal School
Medical Officer.

John Greenhalgh, M.B., B.S. (Lond.) M.R.C.S. (Eng.), L.R.C.P., D.A.,
Assistant Medical Officer of Health; School Medical Officer.

Dorothy Irene Klein, M.B., Ch.B., D.Obst.R.C.O.G., Assistant Medical
Officer of Health; School Medical Officer. Resigned 31.8.61.

Marion Harrison, M.B., B.S. (Durham), D.P.H., Assistant Medical
Officer of Health; School Medical Officer. Resigned 12.11.61.

Mavis Gloria Read, M.B., B.S. (Lond.), Assistant Medical Officer
of Health; School Medical Officer. Resigned 17.6.61.

Phyllis Mary Fleury, M.B., B.S. (Durham), M.R.C.S., L.R.C.P. (Lond.),
Assistant Medical Officer of Health; School Medical Officer.
Appointed 2.10.61. Resigned 30.11.61.

Jean McLean, M.B., Ch.B. (Ed.), Assistant Medical Officer of
Health; School Medical Officer.
Appointed 6.11.61. Resigned 15.12.61.

Edgar Crees Austen, L.D.S., R.C.S. (Eng.), Principal School Dental
Officer.

Medical Staff and Dental Staff: Part Time

Flora Bridge, M.B., B.S., F.R.C.S., Obstetric Adviser,
Consultant Obstetrician and Medical Supervisor of Midwives.

E.G. Sita-Lumsden, M.A., M.D. (Cantab.), M.R.C.P., M.R.C.S.,
Consultant Physician for Tuberculosis.

Joan Lydia Lush, M.B., B.S., B.Sc., M.R.C.S. (Eng.), L.R.C.P. (Lond.),
Medical Officer, Southchurch Infant Centre.

Mary Cecilia Maley, B.A., M.B., B.Ch., B.A.O., Medical Officer,
Westcliff Infant Clinic and Shoeburyness Infant Clinic.

Keigh Edwin Mortimer, M.R.C.S., L.R.C.P., Medical Officer,
Leigh Infant Clinic.

Mohammed Yusuf Siddiqui, M.B., B.S., D.T.M. and H.,
Medical Officer, Southend Infant Centre (Paediatric Registrar,
General Hospital, Southend-on-Sea).

G. Thornton Dudley, M.B., B.Ch., Medical Officer, Southend
Ante-Natal Clinic.

Norman David Wine, L.D.S., R.C.S. (Eng.), School Dental Officer.
Appointed 4.4.61.

Principal Lay Officer, Chief Welfare Officer and Ambulance Officer:
Ernest A. Beasant, M.B.E., F.I.S.W.

Chief Clerk:

W. Knowles.

Deputy Chief Welfare Officer:

K. Golding, A. I. S. W.

Senior Administrative Assistant:

S. F. Jupp.

Administrative Assistant:

Miss A. M. Roberts.

Superintendent Health Visitor:

Miss E. M. M. Roberts (a), (b), (c), (cc).

Health Visitors and School Nurses:

Miss M. N. Withams (a), (b), (c), (cc).

Miss D. E. Stevens (a), (b), (c), (d).

Mrs. A. M. Hart (a), (b), (c), (e).

Miss F. L. Blackburn (a), (b), (c).

Mrs. J. M. Buck (formerly Fairfax) (a), (Ib), (c), (g).

Mrs. U. MacGrath (a), (b), (c), (f).

Miss M. Brennan (a), (b), (c), (d).

Miss J. M. Gaillard (a), (Ib), (c).

Miss K. Noonan (a), (b), (c), (d), (e).

Mrs. L. Williams (a), (Ib), (c).

Miss P. M. Reeves (a), (b), (c).

Miss M. M. Braun (a), (b), (c).

Mrs. W. M. Sutherland (a), (b), (c). Appointed 20.2.61. (Part-time).

Miss M. K. Bernas (a), (b), (c). Appointed from training 11.4.61.

Miss B. E. Hobbs (a), (b), (c), (d). Appointed from training 31.7.61.

Student Health Visitors:

Miss V. L. Williams (a), (Ib), Resigned 15.2.61.

Miss M. Roberts (a), (b), (d). Appointed 18.9.61.

Miss G. M. Simpson (a), (b), (d). Appointed 2.10.61.

Superintendent of District Nurses and Midwives:

Miss D. G. Head (a), (b), (c), (d). Retired 31.3.61.

Miss D. Heaton (a), (b), (c), (d). Appointed 1.4.61.

Municipal Midwives:

Miss K. Boosey (b).

Miss W. M. Randall (a), (b).

Mrs. P. Priest (b).

Miss R. Hodges (b). Retired 31.8.61.

Mrs. C. M. Guildford (a), (b).

Mrs. S. A. Franklin (a), (b).

Miss V. F. Dermott (a), (b), (d).

Mrs. M. I. Laker (a), (b), (d).

Miss I. A. Milne (a), (b).

Mrs. E. May (a), (b).

Mrs. I. I. Bellis (a), (b).

Mrs. C. Caveney (a), (b).

Mrs. A. Ayres (a), (b). Appointed 16.1.61.

Mrs. E. F. Smith (a), (b). Appointed 28.8.61.

District Nurses: Whole-time Staff:

Miss C. Gallehawk (a).
Mrs. R. R. Clark (a), (d).
Miss F. Poskitt (a), (f).
J. Guildford (a), (d).
Miss W. M. Haines (a).
Miss V. H. Hart (a), (d).
Miss S. M. Cossham (a), (d).
Miss V. A. Hicks (a), (Ib), (d).
Mrs. E. B. Beckwith (a).
Miss J. Banks (a), (b).
Mrs. R. Blake (a).
Mrs. A. Hillman (e).
Miss N. Grant (a), (b), (d).
Miss G. M. Simpson (a), (b), (d). Resigned 1.10.61.
Miss D. M. Feldman (a).
Mrs. F. B. Monk (a), (b).
Miss B. Bower (a), (b), (d).
Mrs. D. M. McCrea (a), (b).
L. B. Dawson (a), (d). Resigned 30.6.61.
Mrs. E. D. Dawson (a).
B. Buckland (a), (d).
W. Whiteman (a), (d).
Miss G. V. Hill (a), (Ib), (d). Resigned 31.8.61.
Miss R. Bird (a), (Ib).
Miss P. E. Day (a), (d), (f).
Miss B. Mulry (a), (d). Appointed 3.7.61.
R. S. Newman (a), (d). Appointed 21.8.61.

Part-time Staff:

Mrs. V. M. Baker (a), (b). Retired 10.10.61.
Mrs. C. Cumberland (a).
Miss H. Maddox (a).
Mrs. I. Beckwith (a).
Mrs. C. Jolly (a). Resigned 1.1.61.
Mrs. M. I. Hemmings (a).
Mrs. H. E. H. Riley (a), (b). Resigned 21.4.61.
Mrs. G. Rowe (a), (b).

Sponsored for District Nurse Training:

Miss M. E. Dawson (a). From 24.9.61.
Miss A. F. Duggan (a). From 24.9.61.

(a) = State Registered Nurse
(Ib) = Part I, Midwifery Certificate
(b) = State Certified Midwife
(c) = Health Visitor's Certificate
(cc) = Battersea Polytechnic Health
Visitor's Diploma

(d) = Queen's Nurse
(e) = Certificate of R. M. P. A.
(f) = State Registered Fever Nurse
(g) = Diploma in Social Studies,
University of London

Chief Public Health Inspector:

R.A.Drake, B.E.M., F.R.S.H.

Deputy Chief Public Health Inspector:

A.C.Arnold (h), (i).

Public Health Inspectors:

E.A.Smith (h), (i).

A.E.Riches (h), (i).

A.G.Nightingale (h), (i).

D.G.Paterson (h), (i).

L.G.Owen (h), (i).

G.L.Cline (h), (i).

J.H.Bullock (h). Resigned 15.10.61.

E.D.Long (h).

D.F.Edge (h), (i).

M.E.Salmon (h), (i). Resigned 16.7.61.

(h) = Certificate of R.S.H. and Sanitary
Inspectors Examination Joint Board

(i) = Certificate of R.S.H. for Inspection
of Meat and Other Foods.

Pupil Public Health Inspectors:

J.A.Griffin.

J.J.Knight.

A.F.Knuckey. Appointed 8.8.61.

Hygiene Assistant:

G.C.Reynolds.

Rodent Officer:

G.Wheeler.

Home Teachers to the Blind:

Miss N.G.Westby, Certificated Home Teacher.

Mrs.M.G.Dobbs, Certificated Home Teacher. Resigned 19.11.61.

Mental Health Officer:

Mrs.B.D.B.E.Pearce, Diploma in Social Psychology,
University of London.

Social and Mental Welfare Officers:

K.Tolley.

P.C.Morgan. Appointed 4.4.61.

F.T.Farmer. Appointed 5.4.61.

Supervisor of Home and Domestic Helps:

Mrs. F.E.M.Goddard. Retired 16.6.61.

Miss N.Keay. Appointed 17.6.61.

Superintendent of Connaught House:

W.L.Jones.

Matron of Crowstone House:

Mrs.F.M.Ratcliffe.

Matron of Pantile House:

Mrs.R. S. Keen.

Matron of Whittingham House:

Mrs.J.A.Ball. Appointed 2.1.61.

Matron of Delaware House:

Mrs.F.K.Povah. Appointed 1.12.61.

Supervisor of Junior Training Centre:

Miss V.E.W.Hodgson.

Part-time Physiotherapist for Relaxation Classes:

Mrs.J.Pankhurst, M.C.S.P. Resigned 13.4.61.

Mrs.P.Smith, M.C.S.P. Appointed 20.4.61.

Part-time Chiropodists:

J.C.Taylor, M.Ch.S. Appointed 24.2.61.

H.A.Cook, M.Ch.S. Appointed 5.5.61.

ADMINISTRATION

PUBLIC HEALTH ACTS, 1936 etc.

NATIONAL HEALTH SERVICE ACTS, 1946 - 1952

NATIONAL ASSISTANCE ACTS, 1948 - 1951

MENTAL HEALTH ACT, 1959

The Council's public health functions are carried out by the Health Committee which, in addition to the duties ordinarily assigned to a Committee so titled, is responsible for the authority's functions under the National Assistance Act, 1948 (Section 50 excepted).

The Health Committee consists of 15 members of the Council, together with 3 co-opted members representing the Southend Group (No.15) Hospital Management Committee, the Southend Local Executive Council and the Southend Local Medical Committee respectively.

There are three Sub-Committees, viz:-

Maternity and Child Welfare Sub-Committee.

Care, After-Care and Welfare Sub-Committee.

Residential Accommodation Sub-Committee.

Each consists of the Council members of the Health Committee, together with three co-opted members who have special experience of the work assigned to the respective Sub-Committees.

The Maternity and Child Welfare Sub-Committee deals more specifically with the ante-natal and post-natal clinics, the infant welfare centres, the domiciliary midwifery service and the home help scheme.

The Care, After-Care and Welfare Sub-Committee deals with prevention, after-care, rehabilitation and convalescence, mental health, and the welfare of handicapped persons.

The Residential Accommodation Sub-Committee's duties are made clear by its title.

Delegated Powers

The acts and proceedings of the Health Committee in respect of the following matters are deemed to be the acts and proceedings of the Council.

The Nurses Act, 1943 (Part II).

The Registration of Nursing Homes under the Public Health

Act, 1936, and Nurses Agencies under the Nurses Agencies Act, 1957.

The Southend-on-Sea Corporation Act, 1947, Sections 122-125, 131, 133, 134, 143-145, 181 and 182.

Carrying out the powers and provisions of the Public Health

Acts and Nurseries and Child Minders Regulation Acts, Food and

Drugs Act, the Factories Act, 1937 and any Act or Acts or

Byelaws in force within the Borough regarding moveable dwellings,

public health, infectious diseases, nuisances, common lodging

houses, regulations for dustbins and sanitation.

The Medical Officer of Health is generally responsible for control, supervision and co-ordination of the services, while his deputy is more particularly concerned with the School Health Service, infectious diseases, mental subnormality and general assistance with administration. The principal lay officer and chief welfare officer is responsible for the day to day administration of after-care, welfare and residential accommodation, as well as the supervision of the ambulance service, the domestic help scheme and the general work of the department.

There is a superintendent health visitor, a superintendent of home nursing who also supervises the domiciliary midwifery service, and a supervisor of domestic help. There is no senior nursing officer charged with the over-all co-ordination of these services, the responsible sectional heads being encouraged, and indeed expected, to secure adequate co-operation and mutual help at their own levels. So far these arrangements have proved to be both economical and fully adequate.

EXPENDITURE

Local Health Services Statistics 1960/61

prepared by the Institute of Municipal

Treasurers and Accountants and the Society

of County Treasurers.

This annual publication is studied carefully, forming the subject of a report to the Health Committee. Analysis of expenditure is useful in so far as it reveals trends throughout the country, but comparisons should not be too finely drawn for all the facts cannot be

set out in tables such as these. A single example will suffice; it was necessary to rebuild the boundary wall at the Junior Training Centre, an unexpected and non-recurring expense; the work, paid out of revenue, cost 12% of the annual budget for the Centre.

For the year 1959-60, 5 County Boroughs returned a smaller per capita spending on local health services (excluding day nurseries) than Southend; in 1960-61 the figure rose to 13. In table "A" details of expenditure on individual services in 11 of these areas are given; 2 are excluded because they provide no training centre.

The low-cost authorities show much variation in the amounts spent on individual items. Birkenhead and Portsmouth no doubt have a good deal in common, but the former spends £35.12s. per 1,000 on health visiting whereas the latter requires £85.12s. for this service. Hastings spends £286.1s. on home nursing whereas Blackpool's bill is £129.2s. per 1,000. In Birkenhead a visit by a health visitor can be carried out for 2s.11d., but in Bournemouth it costs 11s.1d. The quality of the service must surely be different but there is no yardstick for this. As always, the greatest disparity is to be observed in expenditure on home help. Hastings, with a high proportion of the old, spends only £34.16s. per 1,000; Southend tops all the low-cost authorities with £174.10s. against a national average of £177.12s. Rotherham lavishes £408.8s. on this account.

When it comes to administration, one wonders how the costs are assigned to local health services, which after all are only a portion of the administration of a health department. Unless the basis of apportionment varies considerably, Portsmouth might speculate why its services cost £217 per 1,000 to administer and Southampton, a near and like neighbour, only requires £138.19s. for this item.

The costs of the Junior Training Centre have risen following the opening of the new building. Staff costs were 10s.6d. per attendance against a national average of 8s.8d., and other revenue costs, inclusive of transport, 8s.5d. against 6s.9d. but the greatest disparity was in the capital provision - 10s.6d. per attendance as compared with 2s.4d. This latter is the highest figure returned for any County Borough.

Other authorities will be faced with comparable increases as purpose-built centres replace much of the inadequate accommodation now in use, but this experience serves to emphasise that community care of the handicapped of all categories is bound to be expensive.

TABLE A

LOCAL AUTHORITY	EXPENDITURE PER 1,000 POPULATION										UNIT COSTS					
	All Services	Child Welfare Centres	Midwifery	Health Visiting	Home Nursing	Vaccination and Immunisation	Ambulance Service	Mental Health - Training Centres	Domestic Help	Administration	Child Welfare Centres cost per Attendance	Midwifery cost per case	Health Visiting cost per visit	Home Nursing cost per visit	Domestic Help cost per case	Training Centres cost per attendance
Southend	f. s. 1048. 9	f. s. 34. 14	f. s. 85. 0	f. s. 48. 0	f. s. 159. 8	f. s. 17. 3	f. s. 191. 12	f. s. 58. 12	f. s. 174. 10	f. s. 186. 9	s. d. 5. 9	f. s. 15. 13	s. d. 6. 0	s. d. 5. 4	f. s. 27. 6	s. d. 29. 5
Hastings	f. s. 1047. 7	f. s. 64. 4	f. s. 51. 14	f. s. 68. 13	f. s. 286. 1	f. s. 14. 3	f. s. 273. 8	f. s. 57. 18	f. s. 34. 16	f. s. 124. 17	s. d. 4. 11	f. s. 21. 4	s. d. 5. 10	s. d. 6. 3	f. s. 23. 1	s. d. 14. 9
Portsmouth	f. s. 1035. 16	f. s. 60. 16	f. s. 117. 16	f. s. 85. 12	f. s. 135. 3	f. s. 41. 12	f. s. 198. 19	f. s. 60. 8	f. s. 40. 7	f. s. 217. 0	s. d. 3. 9	f. s. 14. 17	s. d. 7. 7	s. d. 4. 6	f. s. 20. 15	s. d. 1. 5
Blackpool	f. s. 1029. 17	f. s. 89. 19	f. s. 39. 1	f. s. 84. 12	f. s. 129. 2	f. s. 8. 15	f. s. 251. 17	f. s. 64. 18	f. s. 116. 16	f. s. 212. 3	s. d. 7. 10	f. s. 12. 9	s. d. 9. 6	s. d. 4. 9	f. s. 29. 18	s. d. 22. 2
Liverpool	f. s. 1029. 13	f. s. 70. 12	f. s. 94. 1	f. s. 98. 18	f. s. 120. 11	f. s. 33. 3	f. s. 199. 13	f. s. 53. 14	f. s. 55. 12	f. s. 121. 9	s. d. 8. 5	f. s. 15. 0	s. d. 7. 9	s. d. 5. 7	f. s. 20. 6	s. d. 19. 11
Bournemouth	f. s. 1028. 7	f. s. 51. 15	f. s. 47. 15	f. s. 90. 18	f. s. 165. 6	f. s. 14. 5	f. s. 238. 9	f. s. 67. 9	f. s. 99. 11	f. s. 149. 19	s. d. 4. 7	f. s. 11. 1	s. d. 11. 1	s. d. 6. 4	f. s. 17. 5	s. d. 20. 5
Darlington	f. s. 1016. 1	f. s. 75. 16	f. s. 63. 12	f. s. 53. 6	f. s. 133. 3	f. s. 19. 2	f. s. 301. 3	f. s. 31. 5	f. s. 98. 18	f. s. 162. 9	s. d. 4. 10	f. s. 19. 0	s. d. 4. 5	s. d. 7. 1	f. s. 21. 7	s. d. 8. 4
Southampton	f. s. 1005. 2	f. s. 109. 14	f. s. 113. 8	f. s. 75. 6	f. s. 108. 9	f. s. 21. 4	f. s. 211. 14	f. s. 18. 2	f. s. 103. 17	f. s. 138. 19	s. d. 8. 6	f. s. 12. 14	s. d. 6. 3	s. d. 5. 0	f. s. 24. 8	s. d. 15. 7
Chester	f. s. 961. 4	f. s. 59. 1	f. s. 113. 14	f. s. 62. 7	f. s. 116. 14	f. s. 20. 10	f. s. 230. 4	f. s. 85. 17	f. s. 81. 1	f. s. 124. 18	s. d. 6. 0	f. s. 13. 1	s. d. 4. 10	s. d. 5. 0	f. s. 33. 16	s. d. 15. 4
Northampton	f. s. 945. 1	f. s. 60. 18	f. s. 57. 5	f. s. 58. 0	f. s. 163. 10	f. s. 26. 0	f. s. 164. 11	f. s. 45. 0	f. s. 104. 12	f. s. 171. 19	s. d. 2. 8	f. s. 11. 18	s. d. 6. 7	s. d. 5. 9	f. s. 38. 19	s. d. 11. 11
Birkenhead	f. s. 916. 6	f. s. 77. 5	f. s. 88. 8	f. s. 35. 12	f. s. 102. 19	f. s. 30. 6	f. s. 275. 13	f. s. 21. 17	f. s. 79. 8	f. s. 136. 12	s. d. 9. 1	f. s. 13. 4	s. d. 2. 11	s. d. 5. 0	f. s. 23. 1	s. d. 12. 5

The tables which follow are designed to show the range in expenditure on various services returned by the county boroughs of England, and the number of authorities in each of the individual expenditure groups. The expenditure of the average authority is also shown as is the direction in which this average has moved. The same information is given for Southend services.

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION 1960/61 - 83 COUNTY BOROUGHES

Care of Mothers and Young Children			Midwifery		Health Visiting	
Child Welfare Centres		Other expenditure, inc. Maternity Outfits				No.
Group	No.	Group	No.	Group	No.	
Up to £30	1	Nil	4	Up to £50	7	3
£30 - £40 S (s)	4	Up to £5	7	£50 - £60	5	4
£40 - £50	1	£5 - £10 B (s)	14	£60 - £70	3	6
£50 - £60	8	£10 - £15	17	£70 - £80	2	9
£60 - £70	13	£15 - £20 A (a)	12	£80 - £90 S (s)	9	8
£70 - £80	11	£20 - £25	18	£90 - £100	5	9
£80 - £90	5	£25 - £30	2	£100 - £110	8	15
£90 - £100 (a)	10	£30 - £35	3	£110 - £120 A (a)	11	11
£100 - £125 A	16	£35 - £40	4	£120 - £130	6	7
£125 - £150	8	£40 - £45	1	£130 - £140	7	4
£150 and over	6	£45 - £50	1	£140 - £150	7	2
				£150 and over	13	5
1960/61	1959/60	1960/61	1959/60	1960/61	1959/60	
Average: £100 14s.	£96.7s.	£17.6s.	£16.5s.	£113.14s.	£94.10s.	£91. 7s.
Southend: £34 14s.	£33.14s.	£9. 3s.	£8. 8s.	£85. 0s.	£48. 0s.	£49.13s.

S indicates group which includes Southend-on-Sea

(s) indicates group which included Southend-on-Sea in 1959/60

A indicates group which includes the average

(a) indicates group which included the average in 1959/60

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION 1960/61 - 83 COUNTY BOROUGHES

Home Nursing		Vaccination and Immunisation		Ambulance Service		Domestic Help	
Group	No.	Group	No.	Group	No.	Group	No.
£50 - £75	2	Up to £5	1	£125 - £150	2	£25 - £50	3
£75 - £100	5	£5 - £10	4	£150 - £175	3	£50 - £75	4
£100 - £125	17	£10 - £15	18	£175 - £200 S (s)	11	£75 - £100	6
£125 - £150 (a)	16	£15 - £20 S (s)	14	£200 - £225	14	£100 - £125	10
£150 - £175 S (s) A	17	£20 - £25	11	£225 - £250 A (a)	13	£125 - £150 (s)	12
£175 - £200	11	£25 - £30 A	9	£250 - £275	15	£150 - £175 S (a)	11
£200 - £225	8	£30 - £35	7	£275 - £300	8	£175 - £200 A	8
£225 - £250	1	£35 - £40 (a)	6	£300 - £325	10	£200 - £225	4
£250 and over	6	£40 - £45	6	£325 - £350	4	£225 - £250	8
		£45 - £50	6	£350 and over	3	£250 - £275	7
		£50 and over	1			£275 - £300	4
						£300 and over	6
1960/61. 1959/60		1960/61 1959/60		1960/61 1959/60		1960/61 1959/60	
Average: £151.14s. £148.9s.		£29.14s. £38. 2s.		£246. 6s. £229. 1s.		£177.13s. £163. 6s.	
Southend: £159. 8s. £153.8s.		£17. 3s. £19.13s.		£191.12s. £182.14s.		£174.10s. £148. 9s.	

S indicates group which includes Southend-on-Sea (s) indicates group which included Southend-on-Sea in 1959/60

A indicates group which includes the average (a) indicates group which included the average in 1959/60

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION 1960/61 - 83 COUNTY BOROUGHES

UNIT COSTS

Administration		Mental Health			
		Training Centres		Other Services	
Group	No.	Group	No.	Group	No.
Up to £100	4	Nil	2	Up to £20	3
£100 - £120	4	£10 - £20	2	£20 - £25 S (s)	5
£120 - £140	8	£20 - £30	1	£25 - £30	10
£140 - £160	7	£30 - £40 (s)	4	£30 - £35	7
£160 - £180 (s)	7	£40 - £50	8	£35 - £40 (a)	11
£180 - £200 S A (a)	10	£50 - £60 S (a)	10	£40 - £45	11
£200 - £220	13	£60 - £70	19	£45 - £50 A	7
£220 - £240	8	£70 - £80 A	6	£50 - £55	9
£240 - £260	5	£80 - £90	9	£55 - £60	11
£260 - £280	6	£90 - £100	9	£60 and over	9
£280 - £300	5	£100 and over	13		
£300 and over	6				
1960/61 1959/60		1960/61 1959/60		1960/61 1959/60	
Average: £191.12s. £182.9s.		£71. 8s. £58. 17s.		£45. 1s. £36. 0s.	
Southend: £186. 9s. £174.6s.		£58. 12s. £33. 7s.		£22. 0s. £20. 10s.	

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A indicates group which includes the average (a) indicates group which included the average 1959/60

Training Centres Cost per Attendance		No.
Up to 9s. 11d.		6
10s. - 10s. 11d.		3
11s. - 11s. 11d.		3
12s. - 12s. 11d.		5
13s. - 13s. 11d.		4
14s. - 14s. 11d. (s)		5
15s. - 15s. 11d. (a)		7
16s. - 16s. 11d.		5
17s. - 17s. 11d. A		7
18s. - 18s. 11d.		7
19s. - 19s. 11d.		10
20s. - and over S		21
1960/61 1959/60		
17s. 9d. 15s. 10d.		
29s. 5d. 14s. 2d.		

UNIT COSTS 1960/61 - 83 COUNTY BOROUGHs

Midwifery Cost per Maternity Case Attended		Health Visiting Cost per effective visit		Home Nursing Cost per visit		Domestic Help Cost per case	
Group	No.	Group	No.	Group	No.	Group	No.
Up to £10	1	2s. - 2s. 11d.	2	Up to - 4s. 0d.	2	£15 - £20	6
£10 - £11	1	3s. - 3s. 11d.	2	4s. 0d. - 4s. 5d.	6	£20 - £25 (s)	19
£11 - £12	9	4s. - 4s. 11d.	10	4s. 6d. - 4s. 11d. (s)	14	£25 - £30 S A	21
£12 - £13	6	5s. - 5s. 11d. (s)	16	5s. 0d. - 5s. 5d. S (a)	16	£30 - £35 (a)	17
£13 - £14	10	6s. - 6s. 11d. S	17	5s. 6d. - 5s. 11d. A	16	£35 - £40	12
£14 - £15	13	7s. - 7s. 11d. A (a)	10	6s. 0d. - 6s. 5d.	10	£40 - £45	4
£15 - £16 S (s) A (a)	9	8s. - 8s. 11d.	10	6s. 6d. - 6s. 11d.	4	£45 - £50	3
£16 - £17	10	9s. - 9s. 11d.	5	7s. 0d. - 7s. 5d.	8	£50 and over	1
£17 - £18	5	10s. and over	11	7s. 6d. and over	7		
£18 - £19	10						
£19 to £20	1						
£20 and over	8						
1960/61	1959/60	1960/61	1959/60	1960/61	1959/60	1960/61	1959/60
Average: £15. 2s.	£15. 3s.	7s. 3d.	7s. 4d.	5s. 7d.	5s. 5d.	£29. 19s.	£30. 7s.
Southend: £15. 13s.	£15. 16s.	6s. 0d.	5s. 3d.	5s. 4d.	4s. 11d.	£27. 6s.	£23. 14s.

S. indicates group which includes Southend-on-Sea

(s) indicates group which included Southend-on-Sea in 1959/60

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(a) indicates group which included the average in 1959/60

Welfare Services Statistics 1960/61 prepared by
the Institute of Municipal Treasurers and Accountants
and the Society of County Treasurers

Since reiteration is unavoidable in successive reports no apology is made for commenting once more on the scope of your provision for the aged. Mental deterioration more than any other single factor calls for residential accommodation. This ranges from slight memory loss, impaired judgment, obstinacy and suspicion to the grossest confusion and disturbance of conduct. The deteriorated are dealt with either by the National Health Service in its hospitals or by the Welfare Authorities in their Part III accommodation.

The figures require little comment: you had in Part III residential beds 571 residents: that is 3.57 per 1,000 population which, with the single exception of Bournemouth (3.65), is the largest provision made by any County Borough.

Your criteria for admission to Part III accommodation are stringent and your officers exercise both skill and ingenuity in arranging acceptable alternatives. Yet despite this the pressure on your accommodation continues relentlessly and the conclusion that this area lacks geriatric beds in comparison with the rest of the country is inescapable.

The Ministry of Health confidently expects a reduction of about 70,000 beds for the mentally disordered during the next fifteen years. In consequence, welfare authorities will come under pressure either to accept or retain patients whom the hospitals would refuse or reject. There should be a clear appreciation of the position in Southend lest the disproportionate burden which you have shouldered since 1948 be not further and most inequitably increased.

It is foreseen that in the future there will be pressure on you to expand your provision beyond what is now planned. There are some fields, for example the younger disabled, the adult subnormal and the younger recovered or improved psychotic, where this will be necessary, but in general terms the opinion of your officers is that you are doing today what many reluctant authorities will be coerced into doing tomorrow.

Attention is also drawn to your small spending on other welfare services. This work is bound to grow as quickly as the necessary staff can be recruited and provided with suitable offices and ancillary services.

Your welfare services cost £744.4s. per 1,000 population, £69.1s. above the average, but of this amount £581.17s. goes to the provision of residential homes, whereas the national average is only £421.10s. When the returns are looked at two conclusions can be reached, namely, that your services are still under-developed, or that other authorities are extravagant. There is some substance in each.

Blind Welfare costs £24.6s. per 1,000 population in Southend and £89.18s. in the country generally. You spend £3.11s. per 1,000 population on the physically handicapped whereas the average County Borough's bill is £21.17s.

The conclusions seem clear. Your spending on all welfare services must increase in the years to come. The gap between what you spend on residential accommodation and what other authorities provide will steadily close, indeed it is already doing so, but the total bill must inevitably rise.

The following table relates to the six authorities providing the most residential beds per 1,000 population.

Local Authority	Residential Accommodation		Welfare Services Grants per 1,000 population		
	Beds per 1,000 population	Expenditure per 1,000 population.			
		£	s.	£	s.
Bournemouth	3. 65	511.	6	7	5
Southend-on-Sea	3. 57	581	17	3	7
Halifax	3. 50	490	0	28	7
Brighton	3. 48	758	15	12	11
East Ham	3. 27	656	5	17	17
Portsmouth	3. 23	585	7	32	11

WELFARE SERVICES STATISTICS 1960/61

		Counties (excluding London)	County Boroughs	All Authorities (including London)	Southend
Persons accommodated on night of 31st December, 1960.	Residential Accommodation ...	46,540	29,323	84,422	571
	Temporary Accommodation ...	2,414	1,320	6,473	-
	Per 1,000 population ...	1.69	2.25	1.99	3.57
Persons on register at 31st March, 1961	Blind Persons ...	72,268	38,585	120,876	557
	Deaf and Dumb Persons ...	12,882	9,537	22,542	53
	Physically Handicapped ...	54,025	34,937	94,989	116
	Hard of Hearing ...	8,551	6,311	15,180	21
		£. s.	£. s.	£. s.	£. s.
Analysis of Net Expenditure and Grants per 1,000 Population:-					
Total Residential Homes	...	314 9	421 10	364 2	581 17
Total Temporary Accommodation	...	2 14	6 17	5 9	-
Total Residential and Temporary Accommodation	...	317 3	428 7	369 11	581 17
Special Welfare Services - Blind Persons	...	41 11	89 18	56 18	24 6
- Physically Handicapped	...	13 10	21 17	17 4	3 11
- Other Services	...	9 3	12 18	11 4	3 3
Other expenses	...	82 17	110 12	94 6	76 18
Revenue contributions to Capital outlay	...	16 2	11 11	15 1	54 9
Total Net Expenditure chargeable to Rates and Grants	...	480 6	675 3	564 4	744 4
Welfare Service Grants	...	6 5	21 1	11 6	3 7
Net Rate Borne Expenditure	...	474 1	654 2	552 18	740 17
Cost per Resident Week:-					
Residential Homes for over 50 Persons provided by the Authority	...	£6. 3s. 7d.	£6. 3s. 2d.	£6. 3s. 5d.	£5. 15s. 7d.

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION 1960/61 - 83 COUNTY BOROUGHs

Residential Homes		Blind Persons		Physically Handicapped		Other Services	
Group	No.	Group	No.	Group	No.	Group	No.
£200 - £250	5	£20 - £30 S (s)	6	Nil	3	Nil	3
£250 - £300	10	£30 - £40	7	Up to £5 S (s)	7	Up to £2	6
£300 - £350	9	£40 - £50	6	£5 - £10	17	£2 - £4 S (s)	14
£350 - £400 (a)	8	£50 - £60	6	£10 - £15	6	£4 - £6	7
£400 - £450 A	8	£60 - £70	8	£15 - £20 (a)	11	£6 - £8	10
£450 - £500	13	£70 - £80	6	£20 - £25 A	12	£8 - £10 (a)	6
£500 - £550 (s)	14	£80 - £90 A (a)	9	£25 - £30	6	£10 - £12	6
£550 - £600 S	7	£90 - £100	6	£30 - £35	7	£12 - £14 A	5
£600 and over	9	£100 - £125	15	£35 - £40	5	£14 - £16	2
		£125 - £150	10	£40 - £45	2	£16 - £18	-
		£150 and over	4	£45 - £50	3	£18 - £20	2
				£50 and over	4	£20 and over	22
1960/61 1959/60		1960/61 1959/60		1960/61 1959/60		1960/61 1959/60	
Average: £421.10s. £371. 9s.		£89.18s. £83. 9s.		£21.17s. £17. 8s.		£12. 18s. £8.15s.	
Southend: £581.17s. £513.10s.		£24. 6s. £20.18s.		£3.11s. £3.16s.		£3. 3s. £2. 2s.	

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THE NATIONAL HEALTH SERVICE ACT, 1946, PART III

Section 22, Care of Mothers and Young Children.

Clinics

INFANT CLINICS. These were held at 2 p.m. as under:-

Southend-on-Sea (Southend and Southchurch):

Municipal Health Centre, Mondays, Tuesdays, Thursdays and Fridays.

Leigh-on-Sea:

70 Burnham Road, Mondays and Thursdays.

Westcliff:

St. Andrew's Church Hall, Wednesdays and Fridays.

Shoeburyness:

Council Offices, High Street, Doctor's Clinic 1st and 3rd Tuesdays.
Health Visitor's Clinic on other Tuesdays.

Eastwood:

Eastwood Baptist Church Hall, Fridays - Health Visitor's Clinic.

Blenheim:

St. James's Church Hall, Alternate Wednesdays - Health Visitor's Clinic.

Manners Way:

St. Stephen's Church, Tuesdays - Health Visitor's Clinic.

North Avenue:

Ferndale Road Baptist Church, Wednesdays - Health Visitor's Clinic.

Thorpe Bay:

St. Augustine's Church Hall, Fridays - Health Visitor's Clinic.

Attendances at Clinics

	Southend	Southchurch	Leigh	Shoebury	Eastwood	Westcliff	Manners Way	North Avenue	Thorpe Bay	Blenheim	TOTAL
No. of sessions held	103	100	100	51	51	102	51	51	43	26	678
No. of individuals who attended and who at the end of the year were:											
Under 1 ...	240	260	268	86	151	325	59	123	94	59	1665
Aged 1 year ...	82	182	197	97	109	280	47	86	89	48	1217
Aged 2 to 5 ...	290	219	181	63	50	175	14	26	23	14	1055
Total attendances of:											
Infants under 1	3035	3268	2729	1262	1533	4443	873	1647	1016	745	20551
Children aged 1 year ...	447	559	431	413	236	571	92	230	104	71	3154
Children aged 2 to 5 ...	217	274	223	126	27	280	8	42	5	10	1212
No. of children aged 1 to 5 subjected to routine medical inspections ...	180	335	309	79	†	375	†	†	†	†	1278

† A Medical Officer does not attend these Clinics

Welfare and Other Foods

The distribution of National Dried Milk and vitamins through your clinics and selected retailers was continued. One proprietor withdrew from the scheme but four others joined it. Total issues compared with previous years are shown in the following table:-

	National Dried Milk	Cod Liver Oil	Vitamins A and D	Orange Juice
	tins	bottles	packets	bottles
1955	57,742	18,882	7,615	122,270
1956	53,117	16,062	7,846	123,762
1957	45,363	13,473	7,819	130,741
1958	37,173	8,167	8,124	77,472
1959	36,995	7,879	7,975	75,060
1960	35,927	8,091	8,631	73,539
1961	34,464	6,277	5,923	52,501

A total of 4,845 tins of National Dried Milk was issued through the infant welfare clinics, an increase of 441 compared with the previous year. Proprietary foods distributed there totalled 18,291 tins, an increase of 2,067.

ANTE-NATAL CLINICS

Municipal Health Centre: Monday 9.15 a.m.; Tuesday 9.15 a.m.; Wednesday 2.0 p.m.; Thursday 9.15 a.m.; Friday 9.15 a.m.

Leigh Clinic, 70 Burnham Road: Tuesday 2.0 p.m.

Westcliff Clinic, St. Andrew's Church Hall, Electric Avenue: Wednesday 9.15 a.m.

Shoeburyness Clinic, Council Offices, High Street: Monday 2.0 p.m. (2nd and 4th Mondays in each month only)

	Southend	Leigh	Westcliff	Shoebury	Total
No. of sessions held	254	51	52	24	381
No. of individual expectant mothers who attended	1,498	314	183	105	2,100
Total attendances	6,475	1,497	1,032	338	9,342

The number of patients attending the clinics rose by nearly 200 to a total of 2,100 although the attendances declined by approximately the same figure. At Shoebury the number of individual mothers fell by 27 to 105 but everywhere else we dealt with more patients.

Adequate ante-natal care is the surest way we have of promoting safe motherhood and preventing loss of foetal life. It has three main components, first the regular and frequent supervision of the

expectant mother, second the early detection of small departures from normality and the prompt and skilled treatment of significant ante-partum conditions and third the selection of the right patient for a hospital bed.

We are fortunate in that all our ante-natal work is carried out by, or under the direct supervision of, very senior obstetric staff. If routine supervision is faithfully and intelligently carried out, and there is adequate co-operation between all concerned, it is not essential that all this work be done in the clinics. What is important is to ensure that every expectant mother has the opportunity of an expert assessment at appropriate intervals during her pregnancy and that its management and the subsequent delivery be part of a planned operation.

POST-NATAL CLINICS

Municipal Health Centre: Alternate Saturdays 9.15 a.m.

Leigh Clinic)	
Westcliff Clinic	)	Combined with Ante-natal Sessions.
Shoeburyness Clinic)	

	Southend	Leigh	Westcliff	Shoebury	Total
No. of sessions held	26	51*	14*	24*	115
No. of individual mothers who attended	435	106	14	30	585
Total attendances	592	144	18	36	790

* Combined with Ante-natal sessions

The generality of mothers has never accepted the post-natal as it has the ante-natal clinic, and attendances continue to show a slow decline. The reasons are complex: a women's preoccupation with her babe, the content of the Maternity Medical Services required from the family doctor and, perhaps, the difficulty of demonstrating that it is an essential for proper care. Each pregnancy and subsequent delivery should be subject to a critical and informed assessment. Recent investigations confirm that a woman's obstetric history tends to repeat itself, and so the effective ante-natal supervision of the next pregnancy should begin with a consideration of the latest, made at a time when events are fresh in the minds of the mother and those who have shared in her care.

BLOOD EXAMINATIONS

Dr.D.C.Caldwell, Director of Pathology, informs me that all specimens submitted from the Council's clinics continued to be examined at the Rochford General Hospital Laboratory. In addition to testing for the presence of anti-Rhesus agglutinins a two-tube

Price's precipitation reaction is performed on all specimens and the Wasserman reaction applied to all sera which do not give an unequivocal negative result.

During the year 4,081 tests for anti-Rhesus agglutinins were carried out and 53 instances of varying degrees of incompatibility were detected.

Ante-Natal Haemoglobin Estimations during 1961
1772 tests.

Haemoglobin Gms. %	Under 7.5	7.5-8.1	8.2-8.9	9.0-9.6	9.7-10.4	10.5-11.2	11.3-12.0	12.1-12.6	12.7-13.3	13.4-14.1	14.2-14.8	14.9+
% Haemoglobin using 14.8 as average i.e. Revised Haldane	Under 51	51- 55	56- 60	61- 65	66- 70	71- 75	76- 80	81- 85	86- 90	91- 95	96- 100	100+
No. of tests	2	4	11	17	63	148	465	384	433	173	59	13
% of each group	0.1	0.2	0.6	0.9	3.6	8.4	26.2	21.7	24.5	9.8	3.3	0.7

Note: In pregnancy lower concentrations of haemoglobin are normal because the number of red cells and their haemoglobin content do not increase proportionally with the larger blood volume. A haemoglobin content as low as 10.4 gms. per cent is regarded as within the limits of normality, and taking this into account 5.4% of our patients were classed as anaemic.

Wassermann & Price's Precipitation Reaction Tests				Rhesus Factor Tests		
No. of tests made	P.P.R. Negative	W.R. and P.P.R. Positive	W.R. Positive & P.P.R. Negative	No. of tests made	Rh. Positive	Rh. Negative
1688	1688 100%	-	-	1759	1366 77.7%	393 22.3%

RELAXATION CLASSES

Of late years there has been a widespread interest in the mechanisms of pain in childbirth. A variety of theories have been developed concerning this subject and the best way of preparing a patient for her labour. The personal testimony of patients leaves no doubt concerning the value of the so called "relaxation classes". In general the patient who has been adequately prepared by suitable instruction is more easily handled in the labour room, her labour appears shorter, she tends to require less mechanical assistance and derives a greater emotional reward from this experience.

Shortages of suitable staff and adequate premises prevent the development of this work as rapidly as is desirable, but the progress we are making merely emphasises the importance of exploiting any favourable opportunity of expanding our provision.

No. of sessions held	...	...	50
No. of individual expectant mothers			176
Total attendances	...	...	1,032

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN
Report of Mr. E.C. Austen, Principal Dental Officer.

The equivalent of 25 sessions were allocated to the dental examination and treatment of expectant and nursing mothers and young children during 1961.

The number of mothers dealt with was much the same as in the previous year, but the total of young children treated was markedly higher.

In assessing the provision made for the dental treatment of these priority groups, it has to be borne in mind that the expectant mother is not now required to make any payment for treatment provided under the National Health Service Act. It is therefore to be expected that a considerable proportion of those who require treatment seek this outside your dental service and this, in fact, is borne out by our own experience.

Radiological examinations are arranged at the Southend General Hospital and the reports and films made available to me.

Numbers provided with Dental Care:

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and nursing mothers	50 (52)	33 (34)	33 (34)	31 (30)
Children under five	74 (55)	74 (55)	74 (55)	70 (51)

Forms of Dental Treatment provided:

	Scalings and gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and nursing mothers	1 (2)	19 (21)	- (-)	- (-)	65 (61)	26 (23)	1 (1)	7 (5)	- (-)
Children under five	- (-)	12 (10)	- (-)	- (-)	121 (84)	75 (55)	- (-)	- (-)	- (-)

Comparable figures for 1960 are given in brackets

UNMARRIED MOTHERS AND THEIR CHILDREN

An annual grant of £500 is made to the Southend Moral Welfare Association and, in addition, financial responsibility is accepted for the maintenance of patients in mother and baby homes.

Beechwood, 2, Westborough Road, is not only the headquarters for the Moral Welfare Worker, but is available to accommodate girls and women in temporary difficulties or pending transfer to a mother and baby home.

Miss Harris, who had been responsible for both the outdoor work and the management of Beechwood, resigned in October and was succeeded at the end of the year by Mrs. Brightwell.

In his report for the year ending 31st March, 1962 the new Chairman of the Executive Committee, the Reverend A.J. Cowell, reports that 31 admissions were made during the year to Beechwood, the length of stay varying from one night to nearly three months. the Organisation dealt with 118 cases in the course of the year.

Accommodation was provided under the Council's proposals as follows:-

Astbury House, Smethwick	1 mother for 50 days
Bartletts, Chelmsford	4 mothers for 234 days
Ely Diocesan Home, Cambridge	2 mothers for 104 days
Princess Alice Hostel, S.W.15	1 mother for 54 days
Ravensbourne, Bromley	2 mothers for 196 days
Stretton House, Southwark	2 mothers for 165 days
Sunnedon House, Brentwood	1 mother for 57 days

STILLBIRTHS AND INFANT MORTALITY

Reference has already been made in the section on vital statistics to the perinatal mortality rate of 26 per thousand total births. Though higher by 2.9 per thousand than in the previous year, this rate is satisfactory, being lower than the figure for England and Wales which is 32.2, and is indicative of the efficiency of the maternity services as a whole.

The infant mortality rate, that is all deaths in the first year of life, was 22.51 per thousand live births, the rate for England and Wales being 21.6.

During the first four weeks of life the Southend infant had a better chance of survival than the average child born in England and Wales. Thereafter, he fared worse during the remainder of his first year of life. The rate, in reality, should be fractionally higher because it does not take account of the death by violence of a child in November which, owing to legal processes, was not registered until the following year and will therefore be accounted for in the 1962 statistics.

The infant of an unknown mother died owing to inattention at birth. Six unexpected fatalities, particulars of which are given below, occurred during the year:-

- | | | | |
|----|--------|----------------|--|
| 1. | Male | born 19.4.60. | Foster-child. Good and experienced foster-mother. Sudden death on 7.1.61. P.M. Bilateral pneumonia. |
| 2. | Male | born 7.10.60. | Foster-child. Good foster-mother who had previously adopted earlier foster-children. Care very satisfactory. Sudden death 8.1.61. P.M. Primary pneumonia. (Coagulase positive staphylococcus) |
| 3. | Male | born 28.9.60. | A fifth child of a problem family. Full term, breech delivery. Sickly from birth. Bottle fed. Developed cold 20.9.61. Found dead in cot early hours of the 30th. Death due to inhalation of food stuffs and acute bronchiolitis. |
| 4. | Male | born 13.12.60. | Second child. Adequate care. Breast fed. Died 19.2.61. P.M. Early pneumonia. |
| 5. | Male | born 12.10.60. | Third child. Very good maternal care. Bottle fed. Found dead in cot 6.3.61. P.M. Early pneumonia. |
| 6. | Female | born 21.2.61. | Pneumonia October 21st. Apparent good recovery. Fell ill 14.11.61. Death the following day. Cause - Status Asthmaticus. |

It will be noted that five of these individual infants were males of whom four were bottle fed.

Nearly one fifth of all the infant deaths were associated with serious congenital defect, two others were the result of malignant

disease, and meningococcal septicaemia and entero-colitis each accounted for one.

Detailed enquiry has failed to reveal any significant proportion of deaths which, in our present state of knowledge, could be regarded as preventable, but the melancholy fact that, for this year at least, we fell below the national standard causes anxiety which is all the greater because we do not see where improvement can be made.

Perinatal Mortality

Year	No. of Stillbirths	No. of infants dying aged up to and including seven days	Total	Total Live and Stillbirths	Rate per 1,000 births live and still
1961	36	25	61	2,346	26.0
1960	26	26	52	2,250	23.1
1959	36	18	54	2,144	25.2
1958	44	19	63	2,201	28.6
1957	39	25	64	2,130	30.1
1956	40	26	66	2,006	32.9
1955	30	26	56	1,952	28.7
1954	29	20	49	2,054	23.9
1953	34	20	54	2,083	25.9
1952	40	24	64	2,112	30.3

Deaths under 1 year by age groups

		M.	F.	Total
Under 24 hours	...	13	3	16
24 hours - 1 week	...	1	8	9
Total deaths under 1 week	...	14	11	25
1-2 weeks	...	2	1	3
2-4 weeks	...	2	-	2
Total neo-natal mortality	...	18	12	30
1-3 months	...	3	5	8
3-6 months	...	9	1	10
6-9 months	...	3	1	4
9-12 months	...	-	-	-
Total infant mortality	...	33	19	52

There were 146 premature births as compared with 118 in the previous year. No significance is attributed to the increase which, in spite of the larger number of total births, merely represents a return to levels noted in earlier years.

Of the 146 premature babies 22 were born at home, 1 in a nursing home and 123 in hospital which is evidence of the skill and care in the selection of patients for delivery in hospital.

Weight at Birth	Premature Live Births												Premature Stillbirths					
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in Nursing Home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days						
3lb. 4oz. or less	17	5	6	1	1	-	-	-	-	-	-	-	-	-	9	-	-	
Over 3lb. 4oz. up to and including 4lb. 6oz.	28	5	22	2	-	2	2	-	2	-	2	-	-	-	4	-	-	
Over 4lb. 6oz. up to and including 4lb. 15oz.	28	-	27	4	-	4	2	-	1	-	-	-	-	-	-	-	-	
Over 4lb. 15oz. up to and including 5lb. 8oz.	50	-	49	9	-	9	2	-	2	1	-	1	-	-	2	-	-	
Totals	123	10	104	16	1	15	6	-	5	1	-	1	-	-	15	-	-	

As is customary, an attempted classification of the real as distinct from the immediate reasons for infant deaths is set out below, the figures for the previous year being furnished for comparison.

Cause	1961	1960
Respiratory Infections	6	5
Gastro-Enteritis	1	-
Congenital Defect	12	8
Prematurity	12	16
Accidents	3	-
Asphyxia Neonatorum	-	7
Birth Hazards	10	4
Meningitis	1	-
Malignant Disease	2	1
Haemorrhagic Disease	3	1
Hereditary Disorders	2	-
	<hr/> 52	<hr/> 42

Deaths of children aged 1 - 5

There are eight deaths in this age group, two more than in 1960.

Sex	Age	Cause
Male	17 months	Meningococcal Septicaemia
Male	2 years	Neuroblastoma
Male	2 years	Accidental Death
Male	2 years	Pneumonia
Male	2 years	Aspiration of vomit - mental subnormality
Female	4 years	Chronic myeloid leukaemia

Section 23. Midwifery

Staff

Mrs. Ayres was appointed domiciliary midwife on 16.1.61. so bringing the total staff to 13. Mrs. E. Smith was appointed on 28.8.61 to succeed Miss R. Hodges who retired at that time on grounds of age.

Miss Hodges will be greatly missed in the north-western area of the town, where she had worked since 1947, and long be remembered by the many families who have enjoyed her services. Always a pleasant colleague, slow to take umbrage and tolerant of other people's foibles, she had a high sense of duty and responsibility and, with good reason, her patients trusted her completely.

The development of Eastwood was, in the beginning, haphazard and for a long time some areas were a wilderness of unmade, unlit roads, often with little clusters of houses at considerable distances from each other, in the naming of which fancy and whim had evidently been given free rein.

Miss Hodges battled cheerfully with these arduous conditions and, during her service, saw their steady improvement. It is pleasant to have the opportunity of paying a well deserved tribute to her steadfastness and cheerfulness.

Miss Boosey attended a refresher course as required by the Central Midwives Board.

Work of Municipal Midwives

A total of 884 deliveries were attended by your midwives, 39 more than in the previous year.

The pattern of midwifery practice continued to change; this year 215 mothers instead of 131 were discharged from hospital before the completion of the puerperium. Routine early discharge is inevitable in present circumstances and those responsible for domiciliary midwifery services must chose between providing either a separate domiciliary service for the early-discharge patient or so integrating the work of the hospital and the domiciliary midwife as to make the latter's partnership with the hospital a reality and her relationship with her patient secure.

The first alternative is administratively easy and calls for little effort on the part of any. It would not, however, prove best for the patient and would raise, and not demolish, barriers between the hospital and domiciliary practice.

The second course requires administrative adroitness and endless attention to detail, but success would ensure an optimal service, maintaining the morale of our staff and enlarging their opportunities.

Medical practitioners were present at 110 deliveries while 774 were conducted wholly by midwives.

The authority issued 1,249 sterilised maternity packs for use at other than hospital confinements.

Relief of Pain

Your midwives are provided with gas and air machines and Tecota Mark VI inhalers for the administration of trilene. This latter, by reason of its portability and convenience in domiciliary practice, continues to displace nitrous oxide and air, bidding fair eventually to supersede its older-established rival. There were 500 administrations of trilene and 168 gas and air analgesias.

Pethidene and its allied preparation Pethilorfan were administered by your midwives to 449 patients. In addition Welldorm, a sedative preparation of chloral, was used with good effects.

Midwives Act, 1951 - Work of Local Supervising Authority

Notice of intention to practise as midwife was received from 21 persons. Midwives in private domiciliary practice notified 7 births; 215 births took place in a maternity home.

Medical Aid under Section 14(1) of the Midwives Act, 1951

Medical aid was summoned on 163 occasions, that is in 21% of the cases attended by the midwives, the comparable figures for the two previous years being 19.4% and 16.2% respectively. These statistics certainly underestimate the services given by medical practitioners in childbirth, for the statutory form summoning medical aid is not invariably completed when the doctor attends at delivery by pre-arrangement.

Perineal repair was sought for 64 patients, 14 more than the previous year. The views of your obstetric advisor, Mrs. Flora Bridge, F.R.C.S., have been canvassed on this matter and examination of the individual returns from midwives has shown a considerable variation between the individual practices. Mrs. Bridge concluded that the differences were occasioned by the varying degrees of importance which midwives attached to minor perineal injury rather than that the practice of some was more traumatic than others. The tendency to pay increased attention to minor injuries and to secure their prompt and adequate treatment is one which deserves encouragement.

Applications for Medical Aid

(a) For mothers:-

Ruptured perineum	...	...	...	64	
Pyrexia	...	...	...	8	
Early rupture of membranes	...	...	...	3	
Malpresentation of foetus	...	...	...	5	
Prolonged labour	...	...	...	15	
Antepartum Haemorrhage...	...	...	...	9	
Post partum Haemorrhage..	...	...	...	8	
Other Conditions	...	...	...	33	145

(b) For infants:-

Eye discharges	...	...	...	12	
Prematurity	...	...	...	6	
Other Conditions	...	...	...	20	38
					<hr/>
					183

Maternal Mortality

For the fourth year in succession and the fifth time in the history of the Borough since maternal mortality rates have been recorded, no maternal death occurred and to those who have contributed, in any way, to this achievement one would offer both congratulations and sincere thanks.

Maternal Mortality						
Comparative rates per 1,000 births (Live and Still)						
Year	From Sepsis		Other Causes		Total	
	Southend	England and Wales	Southend	England and Wales	Southend	England and Wales
1961	-	0.07	-	0.27	-	0.33
1960	-	0.08	-	0.31	-	0.39
1959	-	0.10	-	0.28	-	0.38
1958	-	0.11	-	0.32	-	0.43
1957	-	0.11	0.47	0.36	0.47	0.47
1956	-	0.12	1.00	0.44	1.00	0.56
1955	-	0.16	0.51	0.48	0.51	0.64
1954	-	0.13	0.97	0.56	0.97	0.69
1953	-	0.16	0.96	0.60	0.96	0.76
1952	-	0.16	0.95	0.56	0.95	0.72
1951	-	0.43	-	0.36	-	0.79
1941	2.10	0.8	5.21	2.0	7.31	2.8
1931	0.70	1.7	4.20	2.5	4.90	4.2
1921	1.22	1.4	2.43	2.5	3.65	3.9

Section 24. Health Visiting

To extend and develop the health visitors' service has proved one of the most frustrating and intractable of our problems and another year has passed without discernible progress, although the staff continue to consolidate their individual positions. Elsewhere attention is drawn to the trend of infant mortality in the town and more particularly the experience of the older infant.

Never in our history have we enjoyed less poverty, more abundant medical attention or medication; the dietary of the ordinary family was never more varied or richer in the essentials of nutrition, adequate clothing is almost universal and there is a steady improvement in housing conditions which, in comparison with many other areas of the country, have always been good.

These have done much to improve the physical state of our people but it seems clear that special attention and encouragement need to be directed to a substantial minority of our people if they are to make adequate use of the advantages which offer. The role of the Health Visitor is as important today as it ever was and it is regrettable that we have in fact never recovered fully from the dispersal and consequent loss of staff which the evacuation of 1940 brought about.

Refresher Courses

During the year, the Superintendent Health Visitor attended a refresher course at Cambridge and a course in Family Psychiatry at Ipswich. Miss Noonan attended the Autumn School at Leicester.

Work of Health Visitors

Infants under 1 year	...	First visits	2,537
		Subsequent visits	4,896
Children aged 1 - 5 years..		No. of children visited	7,173
		No. of visits paid	11,650
Expectant mothers	...	First visits	1,260
		Subsequent visits	879
Communicable diseases	...	First visits	2,104
		Subsequent visits	140
Nurseries and Daily Minders		First visits	37
		Subsequent visits	200
Special visits	...	First visits	973
		Subsequent visits	588
Tuberculosis	...	First visits	86
		Subsequent visits	2,362
Phenylketonuria	...	No. of infants "screened"	1,796

Health Visitor Talks

These were given as under:-

Date	Group	Speaker	Subject
26.3.61.	Shoeburyness Townswomen's Guild	Miss E. Roberts S.H.V.	"The Health Visitor and the School Nurse".
27.3.61.	Toc H Women's Association, Shoeburyness	Mrs. MacGrath	"A Day in the Life of a Health Visitor".
4.4.61.	Avenue Baptist Young Wives' Club	Miss E. Roberts S.H.V.	"Children's Teeth".
8.4.61.	Thorpe Bay Townswomen's Guild	Miss E. Roberts S.H.V.	"Some Aspects of the Health Visiting Service".
5.10.61.	Belfairs Methodist Young Wives' Group	Miss Bernas	"A Day in the Life of a Health Visitor".
5.10.61.	St. Mark's Young Wives' Group	Mrs. Buck	"The Under Fives".
30.10.61.	St. Peter's Young Wives' Group	Miss Reeves	"Home Safety and the General Welfare of the Under-Fives".
1.11.61.	St. John's Methodist Young Wives' Group	Mrs. Buck	"The Under-Fives".
9.11.61.	St. Mary's Young Wives' Group	Mrs. Buck	"First Aid in the Home".
14.11.61.	Greenways Townswomen's Guild	Mrs. MacGrath	"Social Welfare of the Aged".

Section 25. Home Nursing

Miss D.G. Head, superintendent of home nurses and domiciliary midwives, who took over responsibility for the former from Miss F. Syer, the then matron of the Southend General Hospital, in 1948 and saw their numerical strength increase four-fold, retired on reaching the age limit for employment in March.

Miss Head was a very loyal "Queen's Nurse", devoted to the Institute and all it stands for. She succeeded to a remarkable degree in inspiring her staff with its high ideals.

Miss D. Heaton, her deputy, was promoted but, in spite of repeated advertising, we were unable satisfactorily to fill the post of deputy thus rendered vacant.

As will be seen, the total of patients nursed by the service rose by 129 and the total of visits by 3,447. There were no significant changes in the nature of the conditions for which treatment was afforded.

Home nurses inevitably tend to work in isolation, so the visits of officers of the Queen's Institute of District Nurses, who inspect the work of the Queen's nurses employed by this authority, have particular importance. Acceptance of this inspection is not obligatory. It is, however, welcomed as an independent assessment of efficiency and a means of keeping the staff informed of advancements in technique.

With the help of the Institute we held our first refresher course dealing with "terminal illness". It consisted of three talks given by Dr. Cicely Saunders, and three discussion seminars conducted by Miss Hockey, tutor in the Queen's Institute Education Department.

As terminal illness is sometimes accompanied by much suffering to the patient and distress to the relatives, the administration of drugs for its relief is one of the most important and merciful offices performed by your nurses.

Attendance at the Royal Society of Health Congress had given your medical officer the opportunity of hearing Dr. Cicely Saunders talk about her work for the dying at St. Joseph's Hospice, Hackney, and her research concerning the control of pain. Dr. Saunders' methods can secure the effective relief of pain without inducing personality changes in the patient or destroying his awareness of his surroundings. Moreover, with proper management, the level of medication can be reduced, and the patient helped to accept what is inevitable.

Classification of Conditions treated	No. of Patients Visited					
	1949	1957	1958	1959	1960	1961
Accident	23	30	40	37	47	39
Amputations	6	13	9	7	15	22
Blood Diseases	32	303	362	265	236	330
Bronchitis and Pleurisy	81	275	282	236	252	240
Burns and Scalds... ..	20	25	24	23	23	17
Carbuncles, Boils and Abscesses	44	257	238	242	153	134
Cardiac and Circulatory Conditions	200	923	821	667	547	470
Cerebral Haemorrhage	142	194	202	211	213	196
Dental Conditions..	-	13	19	6	17	11
Diabetes Mellitus	142	196	163	135	137	129
Ear, Nose and Throat Conditions	88	190	175	186	108	113
Empyema	-	4	2	-	6	7
Enema (for treatment)	188	304	312	317	290	421
Enema (for investigation)... ..	255	469	483	576	483	587
Eye Conditions	13	20	21	20	15	18
Fractures	27	70	49	40	45	21
Gangrene	9	-	-	1	6	9
Gastric Conditions	19	17	21	25	15	10
Gynaecological Conditions... ..	45	67	74	76	71	60
Helminth Infections	55	3	5	-	-	1
Infectious Diseases	5	8	19	10	5	1
Influenza	11	19	5	11	2	9
Injections (for unclassified causes)	20	36	25	31	48	42
Maternity	7	40	69	92	148	123
Miscarriage	13	17	14	12	8	2
Malignant Diseases	167	188	171	210	190	167
Nervous Diseases... ..	2	13	18	29	39	41
Operations	8	20	38	18	18	12
Orthopaedic	-	29	29	26	5	9
Paralysis (other than strokes)	37	50	86	77	68	68
Pneumonia	90	199	174	149	57	67
Prostatic Conditions	66	32	38	49	19	29
Pyrexia of Unknown Origin... ..	-	6	5	5	14	10
Rheumatic Diseases	62	104	93	121	106	151
Senility	135	181	206	179	184	196
Skin Conditions	26	36	31	27	36	28
Surgical Dressings	92	152	143	150	217	200
Tuberculosis	22	82	49	48	51	56
Urinary and Renal Conditions	3	57	62	67	81	69
Ulceration of Legs	36	70	67	63	112	101
Not classified	8	11	12	11	20	20
Total patients	2,199	4,723	4,658	4,455	4,107	4,236
Total visits	56,897	110,089	109,947	98,576	95,288	98,735
Total of whole-time and equivalent whole-time staff	14.5	31	32	29	29	27

Dr. Saunders speaks with particular authority because she has been in turn trained nurse, hospital almoner and medical graduate. Her personality makes a great impact on those who meet her and hear her talk. To professional hearers the significance of her work is immediately obvious. The course was a great success for it not only taught our nurses a good deal about the relief of pain, but gave them a great deal of encouragement and not a little inspiration.

Some places in the course were made available to senior members of the hospital staff, and invitations were extended to nursing colleagues in the surrounding areas.

In March, Miss Head addressed the Social Studies Section of the Shoeburyness Townswomen's Guild on the work of the home nurses.

Year	Age at time of first visit during the year				Patients who have had more than 24 visits during the year	
	Over 65		Under 5			
	No.	Visits paid	No.	Visits paid	No.	Visits paid
1957	2,537	82,745	101	588	1,138	89,451
1958	2,581	77,697	130	958	1,079	86,047
1959	2,576	70,792	74	523	984	76,360
1960	2,239	66,022	73	578	958	73,778
1961	2,467	65,378	85	520	1,048	74,563

Section 26. Vaccination and Immunisation

Arrangements are made for vaccination against smallpox, whooping cough, poliomyelitis, typhoid and cholera; immunisation against diphtheria and tetanus; and additionally, by virtue of Section 28 powers, vaccination against yellow fever.

Vaccine lymph, formal toxoid, toxin-antitoxin floccules are obtained free under arrangements made by the Ministry of Health with the Public Health Laboratory, and other antigens are obtained by purchase. These are Triple Antigen- half volume (Glaxo), Whooping Cough Vaccine (Glaxo), Diphtheria and Tetanus Prophylactic (Glaxo), Tetanus Toxoid (Glaxo), Cholera Vaccine (Burroughs Wellcome), T.A.B. (Burroughs Wellcome) and Yellow Fever Vaccine (Burroughs Wellcome).

In accordance with the requirements of the Ministry of Health all these antigens, with the exception of T.A.B., cholera and yellow fever vaccine, are made available without charge to general practitioners providing Part IV medical services under the National Health Service Act.

The following charges are made:-

For vaccination against yellow fever ... £1. 1s. 0d.

For the certificate of completed
vaccination for typhoid and cholera ... 5s. 0d.

The following schedule for protection in infancy is followed by the department:-

Age	Visit	Vaccine	Injec- tion	Interval
2 - 5 months	1	Pertussis	1)	4 weeks or more
	2	Pertussis	2)	
* 7 - 10 months	3	Poliomyelitis	3)	4 weeks or more
	4	Poliomyelitis	4)	
11 months	5	Diphtheria-Tetanus combined antigen	5)	Not less than 6 weeks
13 months	6	Diphtheria-Tetanus- Pertussis triple antigen	) 6)	
20 months onwards	7	Poliomyelitis (Booster)	7)	
		Triple Antigen (Booster)	) 8)	
* Smallpox vaccination can conveniently be spaced here but may be advised at any time during the first 5 years of life.				

Smallpox

Of the total of 1,800 primary vaccinations 1,048 were of children under the age of fourteen, 934 being under one.

No. of vaccinations performed:

(a) At Council's Clinics:

(i) Primary	...	455
(ii) Re-vaccination	...	289

(b) By private practitioners:

(i) Primary	...	1,345
(ii) Re-vaccination	...	744

2,833

Diphtheria Immunisation

Now that we are using combined antigens the number of children completing the course of primary immunisation again rose markedly, the total of 3,071 being treated as compared with 2,179 and 1,194 in the two previous years is evidence that the public is more concerned about protection against whooping cough and fully justifies the new procedures.

No. of children who completed a course of primary immunisation:

	1961	1960
(a) At Council's Clinics:		
(i) Children under 5	577	197
(ii) Children 5 - 14	461	158
(b) By private practitioners:		
(i) Children under 5	1,620	1,566
(ii) Children 5 - 14	413	258
	<u>3,071</u>	<u>2,179</u>

No. of children who were given a secondary or reinforcing injection:

	1961	1960
(a) At Council's Clinics:	586	187
(b) By private practitioners:	908	471
	<u>1,494</u>	<u>658</u>

Whooping Cough

No significant site reactions following the use of half-volume whooping cough vaccine have come to notice.

	Age at date of final injection		
	Under 5 years	5 - 14 years	Total
Number of children who completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) during 1961	At Clinic 578	At Clinic 89	667
	By general practitioner 1,166	By general practitioner 296	1,462
	1,744	385	2,129

Poliomyelitis Vaccination

In April the Ministry of Health requested local authorities to make arrangements to offer a fourth dose of vaccine to children under the age of 12 who were already attending school and had completed the course of three injections not less than one year previously and to extend these arrangements to younger children as and when they entered upon school life.

The task confronting us was truly formidable. By the end of the year the department had record cards relating to no fewer than 42,093 individuals who had received three doses of vaccine.

We needed to scrutinise each of these records to identify the children eligible to receive the fourth dose and then to ascertain the school currently attended. This latter operation entailed a

great deal of work for the school secretaries and the Education Welfare Department and one acknowledges with much gratitude all they did.

The next step was to address communications to the parent of every child involved, then to organise sessions at the schools and make the necessary arrangements for the distribution of vaccine, the preparation and sterilisation of needles and syringes.

The whole operation was completed by the beginning of July and it involved the treatment of the greater part of the 7,381 children who received a fourth dose during the course of the year.

The clerical staff, who were largely responsible for the administrative labour involved, were dismayed at the prospect of breaking up the files on yet another occasion but they tackled the job with energy and diligence so that, once more, we had reason to be grateful to our "back-room girls".

In July we began to review children who had only received two doses of vaccine up to 18 months previously, in the hope that we could encourage parents to attend for two further doses so as to secure that their children were as fully protected as their fellows. No sooner was this well in hand than shortage of vaccine led the Ministry to make the fourth dose the last of all the vaccination priorities and completely to suspend the administration of this dose in October.

In this respect the history of poliomyelitis vaccination in this country continued to follow the start-stop-start rhythm which had afflicted it from the outset.

Vaccinated with 2 injections during:	Born 1943 - 1961	Born 1933 - 1942	Born before 1933 and under 40 years of age	Others	Total
1st Quarter	382	56	209	69	716
2nd Quarter	853	230	708	84	1,875
3rd Quarter	1,378	522	1,447	43	3,390
4th Quarter	596	242	420	18	1,276
	3,209	1,050	2,784	214	7,257

Cholera, Typhoid and Yellow Fever

No. of vaccinations performed:

Cholera	...	...	88
Typhoid	...	...	35
Yellow Fever	..	...	188

Section 27 - Ambulance Service

Mr. E. A. Beasant, M.B.E., Ambulance Officer, reports:-

The administrative basis for this service remained unchanged. The local division of the St. John Ambulance Brigade is the Corporation's agent for providing an accident and invalid ambulance service, patients suffering from infectious disease are conveyed by the authority's own ambulances as also are some sitting cases, while other sitting cases are carried by the Hospital Car Service and by vehicles from the Central Transport Pool.

The St. John Ambulance Brigade, local Division, has continued to provide an efficient, flexible and financially acceptable ambulance service, the success of these arrangements owing a great deal to the energy and enthusiasm of the Superintendent, Mr. E. A. Harris, M.B.E. During the year the brigade had to face a pay award to its personnel, to introduce a 42-hour week, and the demands of the service made it necessary to provide another ambulance so the total in service is now 8. In consequence the payment made to the Brigade for the financial year ending 31st March, 1962, was increased by £3,320 over the previous year's figure to a total of £22,245.

It will be observed from the table that the demands on the service as a whole continue to grow, and that over 90,000 patients were transported during the year. The significance of figures of this magnitude is difficult fully to appreciate so it may not be inappropriate to observe that the services provided by and through the authority have carried, during the year, what is the equivalent of rather more than half the population of Southend-on-Sea.

There was a significant increase in the number of patients carried by the Hospital Car Service, the total of 54,735 representing an increase of 3,139 patients on the previous year. New journeys by the Hospital Car Service are almost invariably arranged through the Department, but transport for patients who require to make more than one journey to the out-patients department has to be arranged through the hospital transport officer if effective and economic use is to be made of the facilities. The ambulance authority is therefore in the position of having to confide these operations to the judgments of those who are not responsible to the Council. We acknowledge gratefully the assistance we receive from the hospital in this matter and express our confidence in the way these resources are used.

	MILES					PATIENTS			MILES PER PATIENT				
	1961	1960	INC.	DEC.		1961	1960	INC.	DEC.	1961	1960	INC.	DEC.
S. J. A. B.	118,675	107,559	11,116	-	17,119	16,497	622	-	-	6.93	6.52	0.41	-
I. D. Ambulances	2,626	2,443	183	-	362	325	37	-	-	7.25	7.52	-	0.27
Hospital Car Service	243,371	226,992	16,379	-	54,735	51,596	3,139	-	-	4.45	4.40	0.05	-
S/Case Ambs.	33,081	35,040	-	1,959	18,017	18,810	-	793	-	1.84	1.86	-	0.02
Corp'n. Car Pool	11,654	12,943	-	1,289	575	538	37	-	-	20.27	24.06	-	3.79
Private Hire Cars	135	826	-	691	7	25	-	18	-	19.29	33.04	-	13.75
TOTALS	409,542	385,803	23,739	-	90,815	87,791	3,024	-	-	4.51	4.39	0.12	-

Rail Journeys

	1956	1957	1958	1959	1960	1961
Rail Mileage	23,220	21,409	22,150	18,210	19,782	24,180
No. of Patients	512	460	471	392	432	560
Cost	£199.8.0.	£187.12.6.	£196.7.3.	£182.3.3.	£180.7.7.	£245.15.2.

Section 28 - Prevention of Illness, Care and After-Care

TUBERCULOSIS

Your arrangements for the prevention of tuberculosis, and its after-care are satisfactory. Co-operation with the hospital services is complete and further experience confirms the view that our methods for the investigation of infection and surveillance of contacts are sound.

It is now uncommon for patients under the age of 45 to die from pulmonary tuberculosis and mortality from the disease is still declining.

Fewer new cases are notified, but of 64 such patients, 45 were already sputum positive and, hence, infective when the disease was discovered.

Dr. E. G. Sita-Lumsden informs me that a total of 542 new contacts were examined at the Chest Clinic during the year, of whom 1 was found to be suffering from tuberculosis. In addition 4 contacts under surveillance from previous years were also notified. Contacts of patients made 2,192 attendances. There were 72 households in the Borough in which an individual was known to be excreting mycobacterium tuberculosis some time during the year; of these

- (a) 45* were positive for the first time;
- (b) 6 were relapsed patients known to have been positive in the past;
- (c) 21 were classed as known positive cases.

The fates of the patients in these three groups were as follows:-

- (a) 37 were rendered sputum negative and 8 remained sputum positive;
- (b) 4 were rendered sputum negative and 2 remained sputum positive;
- (c) 6 were rendered sputum negative, 2 died and 13 were considered to remain sputum positive at the end of the year.

* including 2 patients notified in 1960.

Home treatment of tuberculosis is now well accepted as an adjunct to, and not as a substitute for hospital treatment. Its success owes a great deal to the Home Nursing Service which paid 2,487 nursing visits to a total of 56 patients.

Help in the Home

The Domestic Help Service provided help for 6 households as compared with 2 in the previous year.

Extra Nourishment

A daily issue of one pint of milk was made to 33 patients during the year.

The Work of the Tuberculosis Health Visitor

A total of 2,342 visits was paid during the year and in addition Mrs. Wilson attended an average of five sessions at the clinic each month.

B.C.G. Vaccination

(a) Contacts (By the Hospital Service)

A total of 125 children, close contacts of patients suffering from tuberculosis (in many instances the parents) were vaccinated with B.C.G., 1 fewer than in the previous year.

(b) School Children (By the Local Health Authority)

Vaccination with B.C.G. is offered to all children in the 3rd secondary school year when most of them are in their 14th year, and thereafter throughout school life we urge pupils who have not yet been vaccinated to accept this protection.

Having established the usefulness and reliability of the Heaf (multiple puncture) method of skin testing, a part-time nurse was engaged to perform the skin tests, the results of which were still interpreted by the medical staff who also carried out the subsequent vaccinations. The new arrangement enabled us, for the first time, to offer serial skin testing annually from the time of entry into the secondary school until the time of election for vaccination. This continuous observation is aimed at identifying, as soon as possible, the children who have developed recent infections, so as to afford them prompt treatment or prolonged surveillance and to enable a thorough search to be made among their contacts for sources of infection.

In former years the results of the skin tests have been set out according to the schools but as shortages of medical staff caused a grave dislocation in our timetable for skin testing and, although we are now up to date once more, the figures for the year would not afford an accurate basis for comparison, they are omitted.

Consents for the skin testing of 2,769 third year children were received, being 84% of those eligible, an improvement on last year's figure of 75%. A total of 2,667 children were tested and 9.9% of them were positive, 1.4% being attributed to previous B.C.G. vaccination, so that the natural positive rate in this group was 8.5%.

The second year pupils provided 87% of consents and a total positive rate of 8.4% representing a true natural positive rate of 7.1%.

The first year yielded an 89% consent rate with a positive incidence of 5.8% representing a true natural positive incidence of 4.7%.

In all, six converters were identified and referred for X-ray examination to the Chest Clinic.

Tuberculosis After-Care Sub-Committee

The following statistics furnished by the secretary, Mr.C. Clancy, F. Comm.A., to whom we are much indebted, relate to the Tuberculosis After-Care Sub-Committee of the Civic Guild of Help, to which the Council made a grant of £100. The amount disbursed by the Civic Guild amounted to £213.5s.5d as compared with£264.0s.8d in the previous year.

Type of Assistance	Number Assisted	Cost		
		£	s.	d.
Clothing and Household goods	6	62	0	10
Travel vouchers to visit patients in hospitals and sanatoria	3	21	2	6
Furniture	2	3	5	0
Insurances	5	70	3	1
Materials for Occupational Therapy	1	4	6	11
Miscellaneous	3	11	17	1
Christmas Gifts	28	40	10	0
Total number of cases assisted	37	213	5	5

CHIROPODY

The Council's scheme for chiropody services was fully discussed in the report for last year. It now suffices to repeat that it is intended to afford treatment, for which no charge is made, on premises provided by the Council, by chiropodists employed on a sessional basis to persons over the age of 70.

After a disproportionate administrative effort, we were able to make a start at the end of February with a few patients, but what we were able to accomplish by the end of the year, namely three treatment sessions per week, falls far short of what the Council desires and is prepared to provide.

There are comparatively few persons whom the Council is permitted to employ as chiropodists and they all appear to have well established practices and other substantial professional commitments which, understandably, they are unwilling to forego - at least for payment at Whitley Council rates, which they regard as inadequate.

In consequence treatment has been provided only at the Municipal Health Centre, and the equipment purchased for the Shoebury and Leigh clinics remains unused.

The housebound present a particular problem. It would be expensive to pay for chiropodists to visit them in their own homes and equally costly to provide transport, and the time when an adequate service will be provided for all those who are eligible is distant. Whether the setting up of a Register

of Chiropodists will modify the position in the future remains to be seen.

It is necessary to maintain a sense of proportion in matters of this kind. Elderly people find it difficult to bend to attend to their feet and are often hampered by poor vision. They frequently lack the right implement to deal with a stubborn, horn-like nail with the consequence that, insensibly, they become progressively disabled for want of a little commonsense attention.

At present the Ministry of Health demands that chiropodists employed by local authorities shall have had a two years whole-time course of training designed to enable those who complete it to deal with a variety of foot disorders, including the making of appliances to correct or mitigate the effect of deformities.

This degree of skill is wasted and even abused on the routine treatment of those whose needs are within the scope of the general attention provided by our nursing service, and we have endeavoured wherever possible and with the goodwill and co-operation of the district nurses to ensure that continuation treatment is afforded as part of the home nursing service.

The following appointments were made:-

Mr. Taylor	-	One session weekly from 24.2.61.
Mr. Cook	-	One session weekly from 5.5.61.
Mr. Taylor	-	One additional session weekly from 20.7.61.

No. of sessions held	94
No. of patients treated	229
No. of treatments given	692

ILLNESS GENERALLY

Convalescent and After-Care Homes

During the year, 64 patients were provided with recuperative holidays or after-care for periods of up to 4 weeks. The total cost of this provision was £647.9s.4d towards which patients or their relatives were required to contribute £144.7s.9d.

Home Nursing Requisites

Requisites most universally in demand are supplied on loan by the local division of the St. John Ambulance Brigade, to which the Council made a grant of £100 towards the cost of equipment. Superintendent Harris has kindly furnished the following information about articles loaned during the year:-

Patients assisted	...	...	1,497
Average period of loan	...	...	6/7 weeks
Articles loaned, as under:			
Miscellaneous items were as varied as a bed, bed-tables, sputum mug, steam kettle and walking aids			
Air-rings		198	
Back-rests		138	
Bed-cradles		104	
Bed-pans		480	
Commodos		112	
Crutches (pairs)		75	
Feeding-cups		25	
Plastic sheets		34	
Rubber sheets		365	
Urinals		124	
Walking-sticks		23	
Wheel chairs		306	
Miscellaneous		12	
		<u>1,996</u>	

There are, however, appliances which add much to the well-being of gravely disabled patients, the cost of which is beyond the resources of the voluntary organisations and which it would be unreasonable to expect them to supply. These include hoists by which patients can be lifted from bed to chair and from wheelchair to bath, and special-type hospital beds which enable desirable postures and attitudes to be attained and maintained.

During the year the Committee purchased 1 Easicarri hoist, making a total of 9 hoists which are supplied on free loan to patients.

They are costly and it is not every patient or his relatives who possess the energy and initiative fully to employ them. Before a hoist is provided on loan there is always a consultation with the general practitioner concerned and a visit paid to the home, one of the objects of which is to estimate the chances of the apparatus being usefully employed. It is depressing to observe in how many instances prolonged disablement and continuous dependence upon the services of those around the patient have sapped the will to experiment or make efforts at self-help. It is not too much to say that we have sometimes encountered a lack of courage to grapple with the problems that these mechanical aids involve.

Section 29. Domestic Help

Early in 1945 a full-time supervisor of domestic helps was appointed, but suitable labour was not forthcoming, principally because such women as were available were attracted to other employments by higher rates of pay. Notwithstanding the Committee's desire that efforts to establish a Domestic Help Service should be given a full trial, they reluctantly terminated the engagement

of the supervisor in October of that year with the intention of making another attempt when conditions appeared to offer a better prospect of success.

In November 1946, Mrs. F. E. M. Goddard, who had previously worked in our civil defence organisation and was then in your service as a clinic attendant was seconded, in the first instance, for a period of 18 months to act as full-time supervisor of domestic helps. She built up the service and continued to supervise it until June of this year when she retired by reason of age.

Some time later I asked Mrs. Goddard if she would write some account of her work and describe its aims and the philosophy which informed them. Her own words, which follow, give a vivid and moving glimpse of the woman and her methods and might well serve as a guide and inspiration to all those who undertake this difficult and demanding post.

"This service had a flying start in Southend two years before the National Health Service Act, 1948, after which many other authorities started. It quickly became used by the local doctors and growth and demand were steady, but ever increasing. The development into a practical social work in the home and family required more than housework ability in the home helps. The aim was, therefore, to catch the imagination of the right type of woman, in presenting the service as being the "missing relation" of the person or family in need of help. Since 1946 no advertisement for home helps has appeared, and sufficient women of the right type have presented themselves, and remained; many with ten years or more service in this very human work. The lack of vexatious rules as to duties and the expectation that each will work for the health and welfare of the individual case in hand, have been well justified. The initial visit to the applicant clarifies the position, and ensures that the helper is well received.

The aged and infirm of Southend absorb the greater proportion of the service, which varies from minimum help for heavier tasks to daily care for the less able - the chronic sick learn to rely for much comfort on the Home Help with visits from the district nurse - whole families laid low with influenza, measles and mumps have been successfully dealt with at short notice - sick mothers in hospital or at home relax in the knowledge that the children are cared for.

Maternity cases are the happiest occasion for our service, and the mother and other children accept "Auntie" in the family and often ask for her again.

Sad and difficult cases are met, and are a source of anxiety

until settled with understanding and patient helpers.

The problem of incontinence in little homes is well known in this scheme. The lack of adequate linen in the house makes calls on all voluntary sources of supply necessary, and within the service is a constant exchange of such comforts conducted by the home helps themselves.

Motherless families have special arrangements to ensure that a known and loved helper is there until the bereaved father is able to make his own arrangements.

Neglected homes in old age and senility present a problem to be tackled with patience and good humour - often the help is resented and treated with suspicion. Long-hoarded "treasures" have to be respected but cleaned.

Really difficult people are apt to respond in the end, and often the home help is the only friend they have. There is hardly any human crisis unknown to the home help service - but the normal care of the sick and old, the new babies and other children, the saving of hospital beds and the preservation of the home comforts are its main concern.

F. E. M. Goddard"

Mrs. N. Humphreys, deputy supervisor, retired at the beginning of April, 1961. To fill this post the Committee decided to appoint a woman who would succeed Mrs. Goddard a few months later. Their choice fell on Miss N. Keay, who had had considerable experience as an organiser in various areas of the Essex County Council administration. At the same time, Miss Keay's future deputy, Miss G. Croxford, was selected and took up duty.

The aim and policies of the service were continued. Your expenditure per thousand population increased by £26.1s. to £174.10s. while the national average rose by £14.7s. to £177.13s. The cost per case serviced increased by £3.12s. to £27.6s.

Domestic Help continues to prevent or delay the need for admission of the elderly to Part III beds and so, by retaining them in the community, relieves pressure on your accommodation. In the absence of this relief we would be unable to discharge our obligations to the aged.

It also lessens the demands for hospital admission and makes possible the domiciliary confinement of many mothers who otherwise would swell the numbers of those who are delivered in the Maternity Unit.

The number of individual families who received help during the year was 1,439 as compared with 1,388 in the previous year.

641	were assisted under 1 month
198	" " for 1-3 months
107	" " " 3-6 months
133	" " " 6-12 months
360	" " over 12 months

Staff employed:-		on 1.1.61	on 31.12.61
Full-time	...	22	23
Part-time	...	<u>125</u>	<u>131</u>
		<u>147</u>	<u>154</u>

Applicants were assessed to contribute towards the cost as follows:-

Free	...	...	...	659
Up to 10s.0d per week	...	...	...	32
10s.0d - £1 per week	...	...	...	77
£1 - £1.10s per week	...	...	...	113
£1.10s. - £2	...	...	...	150
£2 - £3	...	...	...	125
£3 - £4	...	...	...	60
£4 - £5	...	...	...	20
£5 - £6	...	...	...	27
Standard Charge (3s.9d per hour)	...	...	...	176
				<u>1,439</u>

Section 51 - Mental Health Service

As the new procedures for the admission to hospital and the detention there of the mentally ill and the mentally subnormal came into force in November, 1960, we can review our experience of a full year's working.

Such changes are not easy, for while the principles informing them may be readily understood, only practical experience brings an appreciation of their minutiae to all affected by them. The department produced a guide to the new procedures which was circulated to our general practitioners and which is reproduced at the end of this section.

Even with sufficient staff we should have had the anxieties of the settling-down process, but the beginning of the year found us bereft of our only really experienced former duly authorised officers, and with the knowledge that in all probability such staff as we would be able to recruit would require training and subsequent supervision for an appreciable time.

It is hardly to be doubted but that the Committee's decision to combine the duties of mental welfare officer and social welfare officer saved the day because, as a consequence of this change, immediate responsibility devolved on the chief welfare officer, Mr. Beasant, and his deputy, Mr. Golding, who very rapidly mastered the new procedures and could afford invaluable support and advice to Mr. Tolley and Mrs. Pearce, who were grossly over-worked. They also guided and supervised Mr. Farmer and Mr. Morgan, who joined the department at the beginning of April, the former being without previous experience of mental welfare work while the latter's had been restricted to mental nursing.

The larger authorities are best able to protect themselves in such a situation. They begin to recruit staff as soon as their likely needs become apparent and by creating additional senior posts can command a very fair selection of applicants. Thereafter too many jobs chase too few candidates and not infrequently men who lack essential experience are appointed to responsible posts while authorities who have trained their own staff, as we have done, cannot retain them. Except for one man, who was appointed temporarily and retired on grounds of age, every officer concerned with mental health who since 1948 has been trained by the department has obtained a more senior appointment, and we still face the prospect of having to provide practical instruction for the majority of newcomers.

Meanwhile senior staff continue to be over-burdened. Local government is fortunate that in the past it has been able to command the services of devoted men who have successfully met the successive challenges of the last 30 years. It is unlikely that we shall find in those who succeed them much more than the pale shadows of those who are now nearing the completion of a lifetime's work.

The statistics which follow are in a form which differs from past years. They relate only to the patients with whom we have been officially concerned for we now have no precise information concerning informal admissions. It can be assumed, however, that most of the patients admitted formally by virtue of Sections 25, 26 or 29 were, in fact, dealt with by your officers.

Admissions to Hospital

As has been previously mentioned the department does not know the total of all hospital admissions, but the admissions of which we know only varied from 335 in 1960 to 330 and of these admissions the formal increased by 61 to 149.

The most striking differences are to be noted in the composition of the age groups on admission. Up to the age of 51, there were 89 fewer patients sent to hospital than in the previous year, the largest difference being noted between 21 and 30 years,

where the total fell from 74 to 28. Over 50, however, the situation is reversed, for a total of 185 older patients received hospital treatment as compared with 101 in the previous year, an increase of 84. The main rise occurred in the over 70's where 82 people were admitted, an increase of 48 over the previous year.

ADMISSIONS TO HOSPITAL

Category	Informal		Sect. 29		Sect. 25		Sect. 26		Totals	
	M	F	M	F	M	F	M	F	M	F
Mental Illness	64	116	31	50	16	26	7	13	118	205
Psychopathic	-	1	1	3	2	-	-	-	3	4
Totals	64	117	32	53	18	26	7	13	121	209
	181		85		44		20		330	

Age Groups on Admission

	Under 21	21-30	31-40	41-50	51-60	61-70	71 and over	Totals
Male	4	18	37	5	20	16	21	121
Female	7	10	30	34	33	34	61	209
Totals 1961	11	28	67	39	53	50	82	330
Totals 1960	19	74	79	62	40	27	34	335

Work of the Mental Welfare Officers

There was an apparent reduction of 37% to a total of 476 in the number of referrals of the mentally ill to the department as compared with the previous year. The figures are not to be interpreted as meaning that we dealt with 476 individual patients, but there were 476 referrals for specific and defined reasons. The numerical decrease is likely to be partly real and partly statistical.

Mental Welfare Officers require time to establish satisfactory contacts with patients and their relatives and confidence grows with every demonstration of the officer's ability to help. Staff changes end these personal relationships and cause a temporary crippling of some of our potentialities. The loss of senior staff to which reference has already been made would therefore account for some falling off in the use made of the department.

Part of the decrease is likely to arise from different methods of recording. Some patients and their relatives call very frequently at the office about a miscellany of problems. In previous years there is some likelihood that these applications would have been recorded as separate referrals. In the figures now under review, they are recorded only as a single referral unless the department had previously determined that the patient was no longer in need of community care.

No. of patients referred to Local Health Authority during year ended 31.12.61.

Referred by	Mentally Ill				Psychopath				Totals				Grand Total
	Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	
General Practitioner	-	1	106	165	-	-	4	1	-	1	110	168	278
Hospital on disch. from in-patient treatment	-	-	22	32	-	-	-	-	-	-	22	32	54
Police	-	-	11	6	-	-	2	1	-	-	13	7	20
Relatives	-	-	15	20	-	-	-	-	-	-	15	20	35
Hospital during or after out-patient treatment	-	-	14	12	-	-	-	-	-	-	14	12	26
Personal Appl.	-	-	14	20	-	-	-	-	-	-	14	20	34
Other Sources	-	-	10	17	-	-	1	2	-	-	11	19	30
Totals	-	1	192	272	-	-	7	4	-	1	199	278	477

Mental Sub-Normality

The old classifications of mental defective, moral defective, idiot and imbecile have gone, and in their place we now use the terms mentally sub-normal and severely mentally sub-normal.

During the year, a total of 104 sub-normals came to the notice of the authority and of these no fewer than 26, that is approximately 25%, came into the Borough from other areas. It will be observed that a total of 601 sub-normal persons are known to the authority, of whom just over one third are in hospital.

It is generally accepted that there are insufficient places in hospitals for the mentally sub-normal to accommodate all who require admission, the shortage bearing heavily on both individual families and the community as a whole. A severely sub-normal child, who has to be kept at home for this reason, can be completely disruptive of anything approaching an acceptable standard of family life. The adolescent or young adult often causes trouble by reason of delinquency or their sexual proclivities, and marriage - particularly of the sub-normal woman - brings all too often as its consequences another problem family.

The ageing sub-normal person not infrequently finds himself in a most unenviable position. Devoted parents and tolerant relatives

inevitably grow old and after many years of patient and loving care, these handicapped members of our society find themselves bereft of their natural props and the family environment to which they have been so long accustomed. Some form of institutionalisation is then unavoidable and the change, when made, must be very difficult for them to understand and to accept.

It is becoming evident that the provision of an adult training centre should not be long delayed, for it would relieve the burden of the unemployable adolescent and adult and do something to fit a few of them for open employment, particularly in periods when there is a shortage of labour. The removal of the older groups from the Junior Training Centre would allow a re-allocation of the accommodation there to permit of the admission of some younger and more severely handicapped children to a special care unit which could then be organised.

The table showing the age grouping of the mentally sub-normal in the community merits some consideration. It will be observed that after age 30, the totals tend to fall in each successive decade. This is probably because, prior to the war, ascertainment was less complete than it is today, and during hostilities it was necessarily curtailed. Some of the falling off is to be attributed to the success of some patients in achieving a suitable place, necessarily often a humble one, in our society and therefore no longer needing the support of the department.

As for the disproportionate total of 68 of those between the ages of 16 and 20, it is to be observed that this is the time when the educationally sub-normal child and the very dull child have to meet the challenges of adult life, when they demonstrate the social inadequacies which are the true characteristic of the sub-normal. During the next few years, we can expect this group to grow in consequence of the increased birth rate immediately after the war. The significance of these figures is that in the future, more demands are going to be placed upon the service for the sub-normal and it will therefore be necessary for the community to expand its provision for them.

Junior Training Centre

There is every reason to be gratified by the continued success of the Junior Training Centre, which is now thoroughly established in its new and delightful building. In February, we were able to recruit a male instructor, the benefit of whose appointment was soon apparent. Unfortunately, he was only with us for eight months, after which he left to take up other work for the sub-normal, and we were unable to fill this vacancy by the end of the year. Miss Newman, a trainee, completed her year's course of full-time instruction under the auspices of the N.A.M.H. and returned at the

beginning of the summer term, while Mrs.Kirby successfully concluded her two years part-time period of in-service training. She resigned at the end of the year to accept a more senior appointment in the Channel Islands. Mrs.Skeet, who had had several years experience as a teacher, joined the staff.

Miss V.Hodgson, the Supervisor, and Mrs.Pearce, one of your Mental Welfare Officers, launched a Social Club for the older sub-normal, a venture which has been very successful indeed. It meets at the Junior Training Centre on Tuesday evenings from 7 to 9.30 p.m. The Club membership is now 26, but it has a long waiting list for there are 41 others who would like to attend if our resources permitted.

No.of patients referred to Local Health Authority during period
1.11.60 - 31.12.61

Referred by	SUBNORMAL				SEVERELY SUB NORMAL				TOTALS
	Under Age 16		16 and over		Under Age 16		16 and over		
	M	F	M	F	M	F	M	F	
General Practitioners	-	-	-	-	-	-	-	-	-
Hospital on discharge from in-patient treatment	-	-	2	1	-	-	-	-	3
Hospital after or during out-patient treatment	-	-	-	-	-	-	-	-	-
Local Education Authority 57(4)	1	3	-	-	3	4	-	-	11
Police and Courts	-	-	-	-	-	-	-	-	-
Relatives	-	-	1	-	-	-	4	-	5
Transfers in from other Local Authorities	-	-	4	5	3	2	11	1	26
On leaving special School	-	-	10	-	-	-	-	-	10
Other Sources	29	2	-	9	5	-	2	2	49
TOTALS	30	5	17	15	11	6	17	3	104

All 104 cases were placed under Community care.

No.of Mentally Subnormal persons for whom short-term care was arranged
by the Local Health Authority under the Mental Health Act 1959.

	Under age 16		Aged 16 and over	
	Male	Female	Male	Female
National Health Service Hosp.	1	-	2	1
Elsewhere	1	5	-	2
	2	5	2	3

Total Cases on Authority's Register at 31.12.61 and disposal

	Sub-normal				Severely sub-normal				Totals
	Under Age 16		16 and over		Under Age 16		16 and over		
	M	F	M	F	M	F	M	F	
Attending Day Training Centre	16	19	3	8	3	1	-	1	51
Resident in Res.Training Centre	-	-	-	-	-	-	-	-	-
Receiving Home Training	-	-	-	-	-	-	-	-	-
Resident in L/A Home or Hostel	-	-	1	-	-	-	-	-	1
Resident at L/A Expense in other Res.Homes/Hostels	-	-	-	3	-	-	-	-	3
Resident at L/A Expense by boarding out in private household ...	-	-	-	-	-	-	-	-	-
Resident in their own homes (not attending Day Centre)	-	6	137	124	12	22	15	19	335
No.of patients in Hospital	-	-	48	48	18	18	40	39	211
TOTAL on Register at 31.12.61	16	25	189	183	33	41	55	59	601

386 were receiving Community Care by Voluntary Supervision at Home

Distribution of Patients in Hospital etc.

	Under age 16		Aged 16 and over	
	Male	Female	Male	Female
Runwell Hospital	1	-	6	1
Royal Eastern Counties Hospital	2	-	32	22
South Ockendon Hospital ...	14	18	37	52
Royal Earlswood Hospital ...	-	-	5	2
Leybourne Grange Colony ...	-	-	1	1
Hortham Hospital	-	-	1	2
Princess Christian's Farm Colony	-	-	-	1
St.Mary's, Acton	-	-	-	1
Harmston Hall	-	-	1	-
St.Theresa's	-	-	-	1
Royal Western Counties Hospital	-	-	1	-
St.Raphael's	-	-	1	-
Little Plumstead Hall	1	-	-	1
Darenth Park	-	-	-	1
Hamilton Lodge Approved Home ...	-	-	2	-
Rampton Hospital	-	-	-	1
Connaught House	-	-	1	-
Nazareth House	-	-	-	3
West Riding Hospital	-	-	-	1
	<u>18</u>	<u>18</u>	<u>88</u>	<u>87</u>

Waiting Lists at 31.12.61

	Male	Female
No.of patients awaiting admission to Hospital	6	1
No.of patients awaiting admission to J.T.C.	-	-
No.of patients in the Community suitable for attendance at Adult Training Centre when provided	9	15

Patients employed at 31.12.61

			Male	Female
At Industrial Centre	...	...	2	2
In open employment	...	...	33	29

Social Club - over 16 years

Tuesday evenings 7 - 9.30 p.m.

Number attending	26
Waiting list	41

No. of visits paid by M.W.O. during year - 1,397

Age Groups in Community: Subnormal and Severely Sub-normal at 31.12.61

	Under 16		16-20		21-30		31-40		41-50		51-65		65 and over		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
S.N.	16	25	28	33	35	31	31	20	27	23	17	19	2	6	313
S. S. N.	15	23	7	-	8	4	-	7	-	5	-	2	-	2	73
Total	31	48	35	33	43	35	31	27	27	28	17	21	2	8	386

MENTAL HEALTH ACT 1959

GUIDE TO FORMAL ADMISSION PROCEDURES

1. COMPULSORY ADMISSION TO HOSPITAL OR GUARDIANSHIP

Part IV of the Act will come into operation on 1st November, 1960. The existing legal basis for detention will then cease to have effect.

2. Compulsory admission and detention will thereafter involve one of three procedures, namely:-

- Admission for observation in case of emergency (Section 29)
- Admission for observation (Section 25)
- Admission for treatment (Section 26)

3. All are based on "medical recommendations" which must conform to certain requirements, namely:-

- Be given by practitioners who have personally examined the patient together or at an interval of not more than 7 days (Section 28 (1)).
- One "medical recommendation" must be given by an "approved" practitioner; and unless the "approved" practitioner has previous experience of the patient, the other must, if practicable, be given by a medical practitioner who has such previous acquaintance. (Section 28 (2)).
- In respect of admission to hospital, **except as a private patient**, one, and **ONLY** one of the recommendations may be by a practitioner on the staff of the hospital (Section 28 (3)).

4. A medical recommendation MAY NOT be given by any of the following:-

- The applicant.
- A partner of the applicant or of a practitioner by whom another medical recommendation is given for the purpose of the same application (Section 28 (4)).

- (c) A person employed as an assistant by the applicant or by any such practitioner as aforesaid.
- (d) A person who receives or is in receipt of any payments made on account of the maintenance of the patient.
- (e) A practitioner on the staff of the mental nursing home or of the hospital to which it is proposed to admit the patient as a private patient (National Health Service Act, 1946, Section 5).

Other requirements

The recommendation(s) must be signed **ON OR BEFORE** the date of the application. The grounds for and condition of the recommendation are set out below.

5. ADMISSION FOR OBSERVATION IN CASE OF EMERGENCY (SECTION 29)

Title - "Emergency Application".

Applicant

Either a mental welfare officer or **any** relative of the patient. For definition of "relative" see paragraph 8.

Qualification of Applicant

To have seen patient within three days of date of application.

Condition for Application

To include a statement that it is of urgent necessity for the patient to be admitted and detained under Section 25, and that compliance with the conditions laid down in that section would involve undesirable delay.

Medical Recommendation

- (a) A single medical recommendation will suffice in the first instance.
- (b) Given, if practicable, by a practitioner, not necessarily an "approved" practitioner, who has previous acquaintance of the patient.
- (c) Should show that the patient "is suffering from a mental disorder of a nature or degree which warrants the detention of the patient in hospital under observation (with or without other medical treatment) for at least a limited period, and that the patient ought to be so detained in the interests of his own health or safety or for the protection of other persons".
- (d) **CONFIRM** that it is of urgent necessity for the patient to be admitted and detained under Section 25 and compliance with its provisions would involve undesirable delay.

Validity

72 hours from the time when the patient is admitted to hospital. The validity can be extended if a second medical recommendation (by an "approved practitioner") is given and received by the managers within 72 hours after admission, provided that the two recommendations taken together comply with the requirements of Section 28.

Effect

To authorise the applicant or any persons authorised by him to take the patient and convey him to the hospital at any time within a period of three days beginning with the date upon which the patient was examined by the practitioner giving the required medical recommendation or the date of the application, whichever is the earlier. (Section 31(1)(b))

6. ADMISSION FOR OBSERVATION (SECTION 25).

Applicant

The nearest relative of the patient or a mental welfare officer. (Note:- the word "**nearest**" in contrast with "**any relative**" as regards an emergency application).

Qualification of Applicant

To have seen the patient within 14 days of the date of the application.

Condition for Application

That the patient is suffering from a mental disorder of a nature or degree which warrants the detention of the patient in a hospital under observation (with or without other medical treatment) for at least a limited period, and that he ought to be so detained in the interests of his own health or safety or for the protection of other persons.

Medical Recommendations

- (a) Two "medical recommendations" are required, **ONE** by an approved practitioner, and the **OTHER** by a medical practitioner who shall, unless the "approved practitioner" has previous acquaintance with the patient, if practicable, be a medical practitioner with such previous acquaintance.
- (b) The general conditions regarding medical recommendations cited above apply.

Validity

A period not exceeding 28 days beginning with the day of admission.

Effect

Authorises the applicant or any person authorised by him to take the patient and convey him to the hospital at any time within a period of 14 days, **beginning** on the date on which the patient was last examined by a medical practitioner before giving a medical recommendation for the purpose of the application. (Section 31 (1) (a)).

7. ADMISSION FOR TREATMENT (SECTION 26)

Applicant

A mental welfare officer or the **nearest** relative of the patient. A mental welfare officer may not make such an application if the **nearest relative** of the patient has notified that officer, or the local authority by whom that officer is appointed, that he objects to the application being made (Section 27 (2)).

It is **NOT** sufficient that **NO** objection should be made by the **nearest relative**. The mental welfare officer is under the obligation of consulting with the person who appears to be the **nearest relative** of the patient unless it appears to the officer that, in the circumstances, such consultation is not reasonably practicable or would involve unnecessary delay.

Qualification of Applicant

That the applicant has personally seen the patient within the period of 14 days ending with the date of the application.

Condition for Application

That a patient is suffering from mental disorder, being -

- (i) In the case of a patient of any age, mental illness or severe subnormality
- (ii) In the case of a patient under 21 years, psychopathic disorder or subnormality

and that the said disorder is of a nature or degree which warrants the detention of a patient in a hospital for medical treatment (which includes care and training under medical supervision) under this section, and that it is necessary in the interests of the patient's health or safety, or for the protection of other persons, that the patient should be so detained.

If the application is made on the grounds that the patient is suffering from psychopathic disorder or subnormality and no other form of mental disorder, the application should state the age of the patient or, if his exact age be not known to the applicant, shall state (if it be the fact) that the patient is believed to be under the age of 21 years.

Medical Recommendations

The general considerations apply. In addition they **must** include a statement that the patient is suffering from mental disorder, etc. as above.

Both recommendations must show the patient to be suffering from one of the same forms of mental disorder as set out above.

Validity

One year beginning with the date of admission (Section 43).

Effect

Authorise the applicant or any person authorised by the applicant, to take the patient and convey him to the hospital at any time within 14 days beginning with the date on which the patient was last examined by a medical practitioner before giving a medical recommendation (Section 31 (1) (a)).

8. FUNCTIONS OF RELATIVES OF PATIENTS (SECTION 49)

Section 49 reads:-

1. In this Part of this Act "relative", means any of the following, that is to say -

- (a) husband or wife;
- (b) son or daughter;
- (c) father;
- (d) mother;
- (e) brother or sister;
- (f) grandparent;
- (g) grandchild;
- (h) uncle or aunt;
- (i) nephew or niece.

2. In deducing relationship for the purposes of this section, an adopted person shall be treated as the child of the person or persons by whom he was adopted and not as the child of any other person; and subject as aforesaid, any relationship of the half-blood shall be treated as a relationship of the whole blood, and an illegitimate person shall be treated as the legitimate child of his mother.

3. In this Part of this Act, subject to the provisions of this section and to the following provisions of this Part of this Act, the "nearest relative" means the person first described in sub-section (1) of this section who is for the time being surviving, relatives of the whole blood being preferred to relatives of the same description of the half blood and the elder or eldest of two or more relatives described in any paragraph of that sub-section being preferred to the other or others of those relatives, regardless of sex.

4. Where the person who, under sub-section (3) of this section, would be the nearest relative of a patient -

- (a) is not ordinarily resident within the United Kingdom; or
- (b) being the husband or wife of the patient, is permanently separated from the patient, either by agreement or under an order of a court, or has deserted or has been deserted by the patient for a period which has not come to an end; or
- (c) not being the husband, wife, father or mother of the patient, is for the time being under twenty-one years of age; or
- (d) is a man against whom an order divesting him of authority over the patient has been made under section thirty-eight of the Sexual Offences Act, 1956 (which relates to incest with a girl under twenty-one) and has not been rescinded.

the nearest relative of the patient shall be ascertained as if that person were dead.

5. In this section "adoption order" means an order for the adoption of any person made under Part I of the Adoption Act, 1958, or any previous enactment relating to the adoption of children, or any corresponding enactment of the Parliament of Northern Ireland and "court" includes a court in Scotland or Northern Ireland.

6. In this section "husband" and "wife" include a person who is living with the patient as the patient's husband or wife, as the case may be (or, if the patient is for the time being an in-patient in a hospital, was so living until the patient was admitted), and has been or had been so living for a period of not less than six-months; but a person shall not be treated by virtue of this subsection as the nearest relative of a married patient unless the husband or wife of the patient is disregarded by virtue of paragraph (b) of sub-section (4) of this section.

Ordinarily the nearest relative must be over the age of 21 but husbands and wives, fathers and mothers to have the right of a nearest relative even though they may be under age.

To be a "husband" or "wife" for the purposes of this Section does not necessarily require a legal marriage to exist. For a couple to live together as husband and wife for a period of **six months** before the date of the application or the admission to hospital, is sufficient to make the partner the nearest relative **provided** that a legal spouse has lost his or her rights in accordance with sub-section 4 (a) and (b).

Where relatives are of the same degree, **age** and not **sex** determines priority.

Relatives of the whole blood have priority over relatives of the half blood **of the same degree.**

INFECTIOUS DISEASES

Notifications

Scarlet Fever	128
Whooping Cough	141
Measles	2,873
Pneumonia	58
Dysentery	61
Typhoid	1
Erysipelas	16
Meningococcal Infection	3
Food Poisoning	20
Puerperal Pyrexia	7
Ophthalmia Neonatorum	4
Infective Hepatitis	166
	<hr/>
	3,478
	<hr/>

Scarlet Fever

Less scarlet fever was notified, nearly half the incidence occurring in the first quarter. Thereafter there was a marked falling off until the last few weeks of the year. The disease continued to conform to the milder type experienced of late.

Whooping Cough

Only 141 cases of whooping cough were notified, the bulk of them from the end of May until the middle of August, with a secondary peak during September and the first half of October. The disease generally was mild and uncomplicated.

Poliomyelitis

No confirmed case of poliomyelitis was notified during the year.

Measles

This was an epidemic year. Notifications began to build up toward the end of 1960 and the first wave, lagging some weeks behind the London curve and falling with it until 13th May, reached its peak about 15th April and its lowest point a month later.

Unlike the London epidemic, however, which continued progressively to die out, a secondary wave occurred in Southend, reaching its maximum at the beginning of July. This wave exhausted itself by the end of August to be followed by a minor peak a fortnight later, and it was only in the last three months of the year that the epidemic ended. Whereas the London graph was comparatively symmetrical and reached its height by the end of February, the Southend build-up was much slower, producing a flatter curve, although the end of the first wave was as sudden as in the London area.

The two marked secondary waves, in which the highest weekly incidence was 125 and 55 respectively as compared with 200 per week.

at the height of the main epidemic, have not been observed in previous outbreaks here and await a satisfactory explanation.

Diphtheria

No case of diphtheria was notified during the year and it is now 10 years since the disease occurred in Southend.

Pneumonia

Notifications totalled 58, the quarterly incidence being 35, 8, 8 and 7 respectively. The age and sex classification of the patients was as follows:-

	0-1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65+	NK	Total
<i>Males</i>	2	1	1	1	3	3	-	3	8	1	23
<i>Females</i>	-	1	1	1	2	3	3	5	18	1	35

Dysentery

The notifications of dysentery occurred principally in the first and last quarters of the year, the earlier cases being chiefly notified from the eastern part of the Borough while those in mid-year and later were almost entirely in respect of residents in No.27, Military Families Hostel in Westcliff.

Dysentery is a clinical entity and not the reaction to an infection with one specific organism as is, for example, typhoid fever. Notification is incomplete, the incidence being likely to be underestimated in non-epidemic periods and a little exaggerated when the condition is prevalent. The notifications from 27 Military Families Hostel, from which 25 cases of enteritis and 16 of dysentery were hospitalised during the year, did not represent the full impact of the disease on that community because notification has only been accepted when the specific organism has been isolated from the patient, or at least from another member of the family.

The general practitioner who looks after most of these families reported that, during the second week of November, dysentery had flared up in the hostel and that he was about to notify 19 cases. In the beginning the bacteriological reports were usually negative, but later on isolations of *shigella sonnei* were more frequent.

Past experience having underlined the particular hazards associated with hostel life, an early opportunity was taken of acquainting both the responsible military medical authorities and the Ministry of Health with the occurrence, and representatives from both visited the town.

Dr. Rycroft, Southend-on-Sea director of the Public Health Laboratory Service, took a number of swabs from baths, W.C. compartments etc. and we were both surprised and gratified at the very small number of positive results obtained, indicating that the

routine disinfection of bathrooms and toilets which we had recommended in the past, was not only being scrupulously carried out but could be assumed to be reducing very considerably the mass of infection present.

Cases were hospitalised until a clinical cure was obtained but from what we knew of the disease we were not surprised when fresh symptoms were reported following discharge from hospital or by the notification of other cases in the same family.

Sonne dysentery is a difficult disease to control in any community and it is not uncommon for a cured case to return six negative specimens consecutively, only to relapse to the positive state on further examination. Dr. Rycroft not only isolated shigella sonnei from patients but he also reported in some patients the presence of B.Coli 0128B12 and B.Coli 026B6 as well as giardia lamblia.

The majority of the patients notified were infants and pre-school children. A few were ill on two or more occasions, some of the episodes being apparently due to infection with pathogenic coli.

Effective control measures are hard to devise and justify. The affected premises in the hostel were under one ownership. They consisted of -

- (a) premises where board and lodgings were provided,
- (b) premises at which lodgings were provided, board being available in another establishment, and
- (c) premises which are partially or wholly self-contained.

It is hardly surprising that the major incidence of the outbreak occurred in the first type of accommodation as, perforce, lavatories and bathrooms have to be shared to a considerable degree and, in consequence, it is impossible effectively to segregate or adequately to control young children or secure the safe handling and disinfection of chamber pots.

The measures actually adopted were to restrict admissions, firstly to the whole of the accommodation and then rapidly to release types (b) and (c). At the same time type (a) accommodation was put out of bounds to all non-residents, the admirable laundry and drying facilities there were re-organised so that residents in each type of accommodation had their own times for using the laundry, which was put under the continuous supervision of paid personnel. A germicidal toilet soap "Cidal" was issued to all residents and systematic enquiry made concerning the occurrence of fresh cases.

The handling of this situation, which all allow was a difficult one, was facilitated by the fact that one general practitioner provides medical services to nearly all the residents in the hostel

and he and the proprietor jointly employ a nurse who is available on the premises in a consulting room set aside by the proprietor during most of the day.

There is reason to believe the army medical authorities favour the posting of an army nursing sister with health visitor experience to this hostel, a measure which would be most welcome. This arrangement, simple though it be, has not been approved, either by the administration at the War Office or by the Treasury. It may well be that to instal military personnel as has been suggested would be to infringe some authorised scale of establishment or some cherished administrative principle. Its usefulness is clearly recognised by all those professionally competent to judge of these matters and one deplures the decision of the War Office.

Typhoid

The single notification of typhoid fever, onset late December 1960, and received January 14th, merits some description. In July, 1960, a woman aged 53 was admitted to hospital suffering from this disease. She lived alone with her father, aged 83, and as the latter was of age to have served in the first world war, specimens were obtained from him. He proved to be excreting salmonella typhi and then gave a history of having suffered from typhoid in 1915, that is 45 years previously. The patient, on discharge from hospital, continued to excrete the organism and was kept under surveillance. In November of that year it was discovered that she had living with her a married daughter and the latter's young children. The carrier was again advised concerning her conduct and in particular was warned that she should not prepare any food for the newcomers. Her grandson fell ill just after Christmas and the nature of his illness was subsequently established by laboratory investigations.

Para-typhoid

The two notifications received were of a school boy, aged 12, infected with phage-type Beccles and a student nurse who produced Type I, Var.ii. The latter had been warded in her hospital until the nature of her illness was established. The patients who had been in the same ward at the relevant period were placed under surveillance subsequent to discharge from hospital until we were satisfied that no further cases had developed.

The origin of the first patient's infection could not even be conjectured. The brother of the nurse however, had recently returned from the Far East and gave a history of some intestinal disturbance since his return home, but specimens submitted from the family were all negative.

Meningococcal Meningitis

Two of the three patients notified to be suffering from this disease lived outside Southend, their condition being diagnosed after admission to Southend General Hospital. The third patient, a male aged one year, was admitted to Hospital on 11.4.61. and died the same day.

Food Poisoning

The annual return made to the Ministry of Health is reproduced below. Once more we are indebted to Dr. Rycroft, (P.H.L.S.) for examining specimens from suspected food poisoning. During the year he isolated at least four different strains of salmonella typhimurium.

On 12th August a bakery worker became ill. Admitted to hospital six days later, *S. typhimurium*, type 1a. Var. 1. was recovered. Four children who attended a party at Hadleigh on 14th August, the confectionery for which had been purchased on 12th August from the shop where the first patient worked, became ill within a few days and produced the same strain of the organism. This strain was also recovered over a short period from four unconnected residents in Southend, three of whom were shown to have consumed confectionery from this same bakery.

The isolation of this strain was of more than passing interest, for although human infections with it have been known for a considerable time, these have hitherto usually resulted from direct association with an infected turkey or other poultry, but in 1960 it was recovered from egg products and as now an outbreak appeared for the third time to be centred on a bakery, frozen egg came under suspicion.

All the ingredients used in the bakery were investigated, but nothing of significance was found. It is a matter for conjecture whether the first patient was infected at work through the products she handled, or whether she, in her turn, infected the articles which she packed.

There is the more uncertainty because this employee's duties were mainly concerned with the packing of orders for other retail outlets, whereas the cases that came to light had, in fact, been supplied from the main shop where, according to what we were told, she would have little necessity or opportunity for handling stock.

The incident illustrates the value of the Public Health Laboratory Service and the importance to the medical officer of health of a knowledge of the pathogens currently recovered from his population while the practice of typing organisms and of centralising information from the laboratories in the Service enables the

epidemiologist to form a much clearer concept of the lines of transmission of disease and the agents by which it is spread.

The prompt notification by the laboratory enabled the bakery worker to be excluded from her employment until she ceased to excrete the organism, a period which, in spite of massive treatment, lasted four months from the beginning of her illness.

FOOD POISONING

Outbreaks due to identified agents (Salmonella Typhimurium)	= 1	Total cases =	5
Outbreaks of undiscovered cause	= 3	Total cases =	6
Single cases due to identified agents:			
(Salmonella Typhimurium)		=	5
(Salmonella Heidelberg)		=	1
(Salmonella Newport)		=	1
Single cases of undiscovered cause		=	3

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
No. of "corrected" notifications	1	6	9	4	= 20

Other suspected infections of the Central Nervous System

Through the courtesy of Dr. Crosswell, Physician Superintendent, Westcliff Infectious Diseases Hospital, it is possible to record the following suspected infections of the central nervous system which affected Southend residents.

Male, born 1935, admitted 8.1.61

C.S.F. Lymph. 35 per cml. Protein 50 mgms.%
Diagnosis: Lymphocytic meningitis.

Male, born 1954, admitted 30.3.61

C.S.F. 314 cells per cml. Poly: 11%. Lymph: 89%
Virology negative.
Diagnosis: Lymphocytic meningitis.

Male, born 1952, admitted 22.4.61

C.S.F. 180 cells per cml. Lymph. 99%. Proteins 24 mgms.%
Sugar 50 mgms.%. Cultures no growth. Virology negative.
Diagnosis: Lymphocytic chorio-meningitis.

Male, born 1956, admitted 11.5.61

Mumps encephalitis. This patient was one of 11 admitted since 15.3.60, of whom 6 were Southend residents. The sex, age and secular distribution of these cases was as follows.

F. age 29,	admitted	15.3.60.	(S)
F. age 35	"	9.5.60.	(S)
M. age 7	"	8.6.60.	(S)
M. age 6	"	15.6.60.	
M. age 18	"	28.6.60.	
M. age 5	"	11.5.61.	(S)
M. age 8	"	4.4.60.	(S)
M. age 51	"	12.5.60.	
M. age 6½	"	14.6.60.	
M. age 3	"	17.6.60.	(S)
M. age 6	"	5.7.60.	

Southend residents marked (S)

Female, born 1956, admitted 1.6.61

C.S.F. 28 cells per cml. 100% Lymph. Sugar 53 mgms.%.
Protein 12 mgms.%. Virology negative.

Diagnosis: Lymphocytic chorio-meningitis.

Male, born 1949, admitted 2.10.61

C.S.F. cells 87 per cml. Polymorphs 52%. Lymph. 48%.
Protein 22 mgms.%. Sugar 43 mgms.%.

Infective Hepatitis

The 166 notifications of this disease relate to the following four-week periods:-

Cases (four-week periods)												
24	25	27	21	9	16	9	2	3	5	13	6	6 = 166

Age Groups			
0-	5-	10-	15-
17	48	44	57 = 166
10.3%	28.9%	26.5%	34.3%

Tuberculosis

Much of the detail for this section has, as usual, been kindly provided by Dr. E.G. Sita Lumsden, consultant physician for tuberculosis, together with the staff of the Lancaster House Chest Clinic.

NOTIFICATIONS

(a) Respiratory

The total of notifications was 103 compared with 119 and 164 in the two previous years. They relate to patients who come to the town after their condition has been diagnosed as well as those who are already resident in the Borough. It is the latter total which is particularly important as indicating our success or otherwise in the control of the disease. The notifications of Southend residents declined from 69 to 56, the male notifications falling by 6 to 34.

The age distribution of the Southend residents who were notified is significant. Less than one-third of the male patients was under the age of 35 whereas 16 out of 22 female notifications belonged to this age group. These figures demonstrate clearly the susceptibility of the young woman and the liability in the older male for a quiescent infection to break down.

It is disappointing to record that two-thirds of the 56 patients diagnosed for the first time during the year already had positive sputa by the time they were brought to notice. This proportion has been remarkably constant in recent years and while no doubt the great advances in laboratory technique which have been made during the last generation enable us to demonstrate the organism where previously this would have been impossible, it is clear that our efforts must not be relaxed.

TUBERCULOSIS NOTIFICATIONS AND DEATHS

Age Group	MALES								FEMALES							
	Respiratory				Non-Respiratory				Respiratory				Non-Respiratory			
	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths
0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
5	1	-	1	-	-	-	-	-	1	3	4	-	-	-	-	-
15	3	6	9	-	-	-	-	-	7	7	14	-	-	-	-	-
25	7	7	14	-	-	-	-	-	4	4	8	-	1	-	1	-
35	2	3	5	1	1*	1	2	-	4	2	6	-	2	-	2	-
45	7	1	8	-	1	-	1	-	4	-	4	-	1	-	1	-
55	5	4	9	1	1	-	1	-	1	4	5	-	-	1	1	-
65	7	6	13	3	-	-	-	-	1	-	1	-	1	1	2	-
75 and over	1	-	1	3	-	-	-	-	-	-	-	-	-	-	-	-
Totals	34	27	61	8	3	1	4	-	22	20	42	-	5	2	7	-

* Ascertained from Death Return of Local Registrar.

NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS

CLASSIFIED ACCORDING TO AGE GROUPS

Age Groups	1955		1956		1957		1958		1959		1960		1961	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-	1	-	-	-	-	-
1	1	3	2	2	-	-	1	5	1	7	-	-	1	-
5	3	4	8	3	3	1	2	4	3	4	2	2	1	4
15	12	17	21	14	13	15	11	19	21	23	11	17	9	14
25	12	27	19	19	18	19	16	11	18	15	10	17	14	8
35	10	9	17	14	18	16	10	12	10	8	11	6	5	6
45	9	7	16	7	11	8	17	2	15	3	7	5	8	4
55	13	4	12	-	17	2	12	4	15	3	14	5	9	5
65	6	1	7	3	7	7	9	3	15	2	9	3	14	1
Totals	66	72	102	62	87	68	78	60	99	65	64	55	61	42
	138		164		155		138		164		119		103	

PERCENTAGE OF NOTIFICATIONS OF RESPIRATORY
TUBERCULOSIS RECEIVED IN EACH AGE GROUP

Age Groups	MALES							FEMALES						
	1955	1956	1957	1958	1959	1960	1961	1955	1956	1957	1958	1959	1960	1961
0	-	-	-	-	1.0	-	-	-	-	-	-	-	-	-
1	1.6	1.9	-	1.3	1.0	-	1.6	4.2	3.2	-	8.3	10.8	-	-
5	4.8	7.8	3.4	2.6	3.0	3.1	1.6	5.5	4.8	1.5	6.7	6.1	3.6	9.5
15	18.7	20.6	14.9	14.1	21.2	17.1	14.7	23.6	22.6	22.0	31.7	35.4	30.9	33.3
25	18.7	18.6	20.6	20.5	18.1	15.9	23.0	37.5	30.7	28.0	18.3	23.1	30.9	19.0
35	15.6	16.7	20.6	12.8	10.1	17.1	8.2	12.6	22.6	23.5	20.0	12.3	10.9	14.3
45	12.5	15.7	12.6	21.8	15.2	10.9	13.1	9.7	11.3	11.7	3.3	4.6	9.1	9.5
55	20.3	11.8	19.9	15.4	15.2	21.9	14.8	5.5	-	3.0	6.7	4.6	9.1	12.0
65	7.8	6.9	8.0	11.5	15.2	14.0	23.0	1.4	4.8	10.3	5.0	3.1	5.5	2.4

The number of cases of tuberculosis remaining on the notification register on December 31st, was as follows:-

Year	Respiratory				Non-Respiratory				Total				Grand Totals
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
1961	397	295	8	22	5	39	7	1	402	334	15	23	774
1960	389	303	10	27	7	44	10	2	396	347	20	29	792
1959	390	301	10	26	10	46	10	3	400	347	20	29	796
1958	383	304	11	17	12	48	9	3	395	352	20	20	787
1957	386	337	13	15	20	46	10	3	406	383	23	18	830
1956	390	339	18	17	18	48	13	4	408	387	31	21	847
1955	387	347	12	18	17	46	11	8	404	393	23	26	846
1954	407	345	16	20	15	43	11	9	422	388	27	29	866
1953	449	371	19	30	18	39	14	10	467	410	33	40	950
1952	458	394	28	27	19	31	13	8	477	425	41	35	978

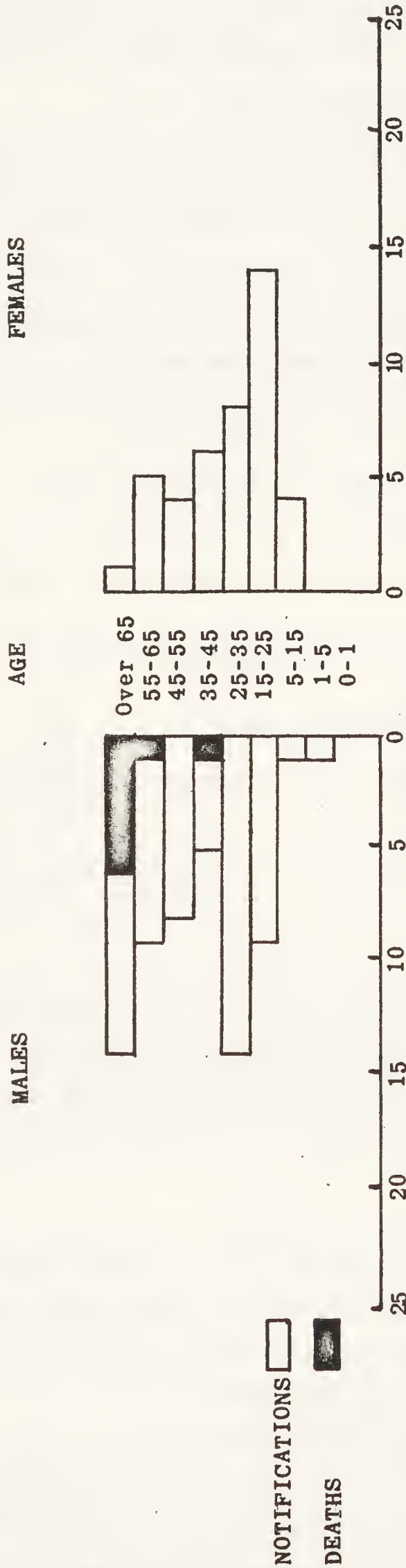
Note:- On the 31st December, 1938, the total number of cases on the register was 550, comprising 471 respiratory cases (236 males, 235 females) and 79 non-respiratory cases (40 males and 39 females).

WORK OF THE CHEST CLINIC 1961

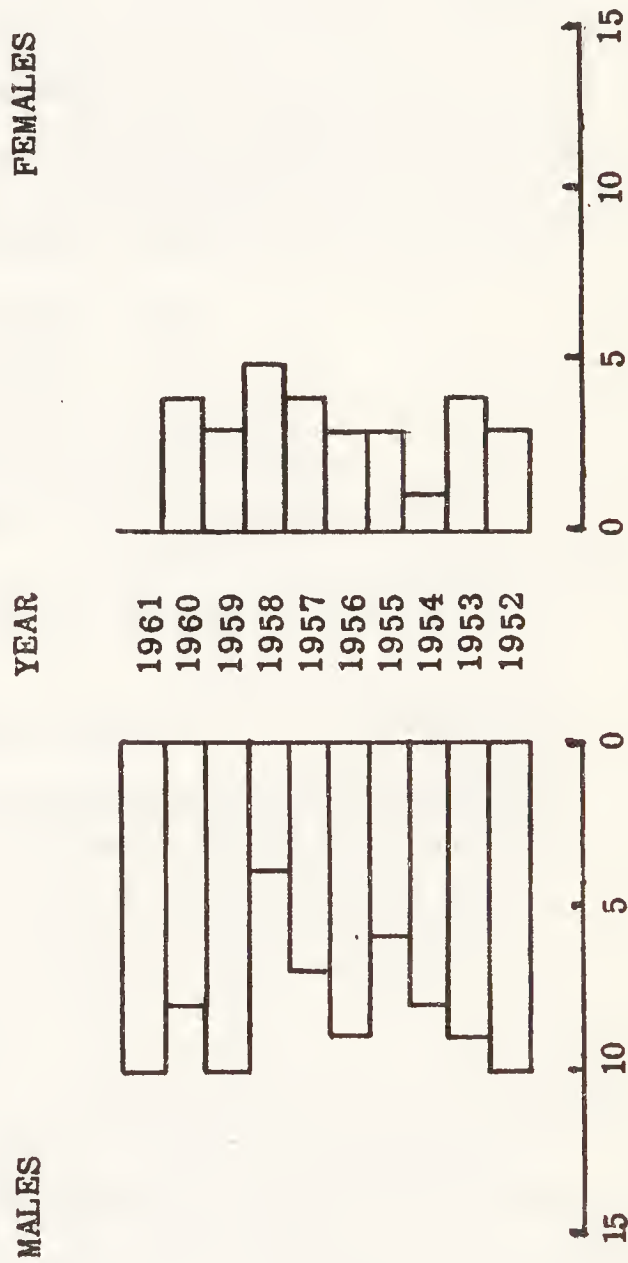
	Respiratory				Non-Respiratory				Totals				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A. 1. No. of notified cases on clinic register 1.1.61	389	303	10	27	7	44	10	2	396	347	20	29	792
2. Transfers from clinics outside area during year	27	17	-	3	1	2	-	-	28	19	-	3	50
3. Children transferred to adult register during year ...	2	4	-	-	2	1	-	-	4	5	-	-	9
B. No. of NEW CASES diagnosed during year:													
1. T.B. negative	6	5	2	-	2	3	-	-	8	8	2	1	19
2. T.B. positive	26	16	-	1	1	2	-	-	27	18	-	-	45
TOTALS OF A AND B ...	450	345	12	31	13	52	10	2	463	397	22	33	918
C. No. of cases in A and B written off clinic register during the year:													
1. Recovered ...	25	29	1	4	4	11	1	-	29	40	2	4	76
2. Died (all causes) ...	10	-	-	-	3	-	-	-	13	-	-	-	13
3. Removed to other clinic areas	17	21	1	1	1	2	-	-	18	23	1	1	43
4. Children transferred to adult register	-	-	2	4	-	-	2	1	-	-	4	5	11
5. Other reasons	1	-	-	-	-	-	-	-	1	-	-	-	1
TOTALS OF C ...	53	50	4	9	8	13	3	1	61	63	7	10	141
D. No. of notified cases on clinic register 31.12.61	397	295	8	22	5	39	7	1	402	334	15	23	774
No. of above known to have had positive sputum during year	-	-	-	-	-	-	-	-	46	25	-	1	71
E. (a) No. of persons (excluding transfers) first examined during the year ...	-	-	-	-	-	-	-	-	688	633	181	296	1798
(b) No. of those in (a) who attended as CONTACTS and who were:-													
Diagnosed as tuberculous ...	-	-	-	-	-	-	-	-	1	-	-	-	1
Not tuberculous	-	-	-	-	-	-	-	-	100	134	75	228	537
Not determined (as at 31.12.61)	-	-	-	-	-	-	-	-	-	-	-	-	-

RESPIRATORY TUBERCULOSIS

TOTAL NOTIFICATIONS AND DEATHS BY AGE GROUPS



ANNUAL DEATH RATES PER 100,000 POPULATION



(b) *Non-Respiratory*

There were 11 notifications of non-respiratory disease, last year the total was 7. It is gratifying to note there was no non-respiratory case notified under the age of 25.

DEATHS

Deaths from respiratory disease totalled 8, all of them male and only two under the age of 68. Four patients were in their eighth decade and one died at the advanced age of 88.

Male	aged 35	Notified 1945 from Army. Subsequently moved returning to Westcliff 1951. Removed from Register as recovered in 1959, and last attended in December, 1960.
"	" 57	Notified 1951. Inward transfer to Southend February 1959.
"	" 68	Notified 1959. Inward transfer March 1961.
"	" 72	Notified 1959. Southend patient.
"	" 74	Notified 1952. Inward transfer 1955.
"	" 75	Notified 1960. Southend patient.
"	" 76	Notified June 1960. Southend patient.
"	" 88	Notified June 1960. Southend patient.

The following table shows the mortality from the commoner respiratory conditions.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Respiratory Cancer	74	16	90
Pneumonia	55	53	108
Bronchitis	77	30	107
Other respiratory diseases	8	2	10
Respiratory Tuberculosis	8	-	8

MASS MINIATURE RADIOGRAPHY

The Mass Miniature Radiography Unit based on Broomfield Hospital visited Southend in the late Spring. The Governors of the Municipal College very generously granted facilities for the Unit to operate for part of the time on the Victoria Circus site of the Municipal College and our best thanks are due to them.

On this occasion a special effort was made to secure the referral of patients by general practitioners, to publicise the facilities to the students of the Municipal College, among whom there is a considerable proportion of overseas students who are at special risk, and to encourage the acceptance of Mass Miniature Radiography by our colleagues in the teaching profession.

The reasons for these special targets are, it is hoped, clearly to be discerned from the letters etc. which were sent out on this occasion.

To General Practitioners

Dear Doctor,

Mass Miniature Radiography

The Mass Radiography Unit will be operating in Southend during April and May in the grounds of the Municipal College, Victoria Circus. It is well established that patients referred by their own Doctors invariably provide the highest proportion of the chest disease discovered by these Units, for which reason, we draw your attention to this visit and enclose leaflets giving the dates and times of the public sessions.

It is accepted that the persistence of respiratory symptoms for more than a few weeks is an important indication for X-ray examination of the chest. Other productive groups are diabetics and patients complaining of lassitude, indigestion, loss of weight or energy, or unexplained pyrexia. Any personal, family or contact history of tuberculosis would no doubt lead to an automatic referral.

Elderly men form a particularly important group, and the proportion of notifications which they provide is steadily increasing. These patients have often established a measure of equilibrium with their disease, but nevertheless remain the most important sources of infection. This consideration and the fact that lung cancer is on the increase, indicates the desirability of paying special attention to those who are past middle age.

Yours sincerely,

(Signed) E.G. Sita Lumsden
J. Stevenson Logan

A message to Students from the Medical Officer of Health

Mass Miniature Radiography

Students should be aware that increased liability to develop tuberculosis occurs during adolescence and early adult life.

B.C.G. vaccination reduces this risk by over 80%. Those who remain unvaccinated, either by choice or because they are already skin positive reactors, are advised to undergo x-ray examination, if they have not been x-rayed within the past two years.

In addition, **diabetics** and those who have recently suffered from any chest condition or have any reason to suspect that they are not in their usual state of health should also be x-rayed.

Take advantage of the visit of the Mass Miniature Radiography Unit to afford yourself the opportunity of examination.

Students who are unable to attend the special sessions arranged for them may attend any public session, details of which will be advertised.

To School Teachers

Dear Colleague,

Tuberculosis

Mass Miniature Radiography

The Mass Miniature Radiography Unit will visit Southend during the next two or three months, and, in writing to acquaint you of this, I would like to refer to the significance of this for the teaching profession.

The report of the Chief Medical Officer of the Ministry of Education for 1958/59, "The Health of the Schoolchild", shows that

in England and Wales 140 and 115 teachers were respectively reported to be suffering from pulmonary tuberculosis in the years 1958 and 1959, (the incidence of known tuberculosis in teachers in 1958, was about 20% less than that of the corresponding age group in the general population).

The report observes "Among teachers, as in the population as a whole, it is inevitable that some cases of active pulmonary tuberculosis will be overlooked.

There is perhaps less risk of this among the younger teachers.... It is among the older teachers, particularly among the middle aged males, that the risk lies. Teachers have only been x-rayed as a routine on entry to the profession since 1952

A substantial number of teachers must remain who have never had a chest x-ray, some of whom may well have chronic pulmonary tuberculosis. These same teachers may have established an equilibrium with the disease, so that they are virtually symptom-free; but they may also be in a highly infectious state and, further, if untreated, may be brought to a premature grave.

The risk to school children from chronic cases of low-grade respiratory tuberculosis, especially in teachers past middle life, is one of the considerations behind the widely-held opinion that arrangements should exist for the periodic x-ray of all teachers, with emphasis on frequency in the more vulnerable age groups."

Some years ago in one of our secondary schools there was an outbreak of tuberculosis occasioned by a teacher who, unknown to himself, was suffering from chronic pulmonary tuberculosis. In consequence a number of pupils required treatment in hospital and others, long periods of surveillance with some restriction of their activities.

Last year another school outbreak of tuberculosis occurred, this time occasioned by a pupil, and once more other cases necessitating hospital treatment were discovered, together with widespread tuberculinisation, specially marked in certain classes.

We have, from time to time, considered the advisability of urging all our teaching colleagues to undergo annual x-ray examination, and so far have refrained from doing this only because we considered that, locally at least, our experience would not wholly justify such a course in the present stage of our knowledge.

On the other hand, we are concerned that teachers who come into **one or other** of the following categories, should be x-rayed.

- (a) those who have had no chest x-ray examination within the last 10 years.
- (b) those over the age of 45, men especially.
- (c) those who have any history of chest trouble, persistent cough, loss of weight or lassitude.
- (d) known Diabetics.

It is not generally appreciated how frequently diabetics develop active pulmonary tuberculosis, recently a teaching colleague died from the effects of the combination of these conditions.

Apart from their responsibility to the children in their charge, teachers may confer an immense benefit on themselves by being x-rayed. Unsuspected chest pathology, for which prompt treatment may be life saving, is always being discovered by these examinations. Following the last visit of the unit, a senior member of the Corporation underwent successful treatment, the need for which had previously been unsuspected.

If sufficient members of the teaching profession wish to avail themselves of the facilities offered by the visit of the Mass Miniature Radiography Unit, I will endeavour to arrange a session, or sessions, to suit their convenience.

Please return the enclosed form duly completed in an envelope marked "Confidential" and addressed to me.

Yours sincerely,

(Signed) J. STEVENSON LOGAN

In all 92 patients were referred by their doctors, the special sessions for school teachers were attended by between 350-400, while 330 Municipal College students were examined. Special sessions arranged for the Corporation staff attracted 1,855 attendances and in all 9% of the population, namely 14,908, passed through the Unit.

VENEREAL DISEASES

The following statistics have been kindly provided by Dr.H. Croswell. There were no noteworthy changes in the incidence of any infections treated at the Centre.

Number of Patients	Syphilis		Gonorrhoea		Conditions other than venereal		Total	
	M	F	M	F	M	F	M	F
Under treatment on 1.1.61	34	28	28	8	156	107	218	143
Returned after cessation of attendance in previous years	-	-	-	-	7	3	7	3
Dealt with for first time, suffering from:								
(a) Syphilis primary ...	-	-	-	-	-	-	-	-
(b) " secondary...	-	-	-	-	-	-	-	-
(c) " latent in 1st year of infection	-	-	-	-	-	-	-	-
(d) Syphilis, cardio-vascular	-	-	-	-	-	-	-	-
(e) " of nervous system	-	-	-	-	-	-	-	-
(f) " all other late or latent stages	2	2	-	-	-	-	2	2
(g) Syphilis, congenital (under 15 years) ...	-	-	-	-	-	-	-	-
(h) Syphilis, congenital	-	-	-	-	-	-	-	-
(i) Gonorrhoea ...	-	-	36	9	-	-	36	9
(j) Chancroid ...	-	-	-	-	-	-	-	-
(k) Lymphogranuloma venereum	-	-	-	-	-	-	-	-
(l) Granuloma inguinale	-	-	-	-	-	-	-	-
(m) Non-gonococcal urethritis	-	-	-	-	249	-	249	-
(n) Any other conditions requiring treatment	-	-	-	-	-	63	-	63
(o) Conditions not requiring treatment	-	-	-	-	35	15	35	15
(p) Conditions remaining undiagnosed at 31st December ...	-	-	-	-	-	-	-	-
Dealt with for first time, transferred from other centres ...	-	-	-	1	-	-	-	1
Total under treatment during 1961 ...	36	30	64	18	447	188	547	236
Discharged after completion of treatment and tests for cure	-	-	3	1	224	16	227	17
Ceased to attend before completion of treatment and/ or observation ...	2	2	28	8	25	9	55	19
Transferred to other Centres	-	-	5	-	9	-	14	-
Under treatment on 31.12.61.	34	28	28	9	189	163	251	200

	Clinic Attendances		Intermediate Attendances	
	M	F	M	F
Syphilis	69	93	34	52
Gonorrhoea	205	117	-	60
Other conditions	1,107	502	-	444
	<u>1,381</u>	<u>712</u>	<u>34</u>	<u>556</u>

The following are civilian totals for previous years:-

New Patients Suffering from:	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Syphilis	50	58	46	33	13	16	18	11	4	14	14	13	10	18	
Gonorrhoea	71	58	67	37	44	42	80	42	35	38	36	37	66	47	4
Total Attendances	4714	3667	5907	5952	5461	4750	4135	2959	3070	2909	2966	3143	2886	3082	268

CANCER

Deaths of persons suffering from malignant diseases totalled 462, the primary sites being as follows:-

	Males	Females
Skin	2	1
Lips, Mouth, Tongue, etc.	3	1
Larynx, Bronchus, Lung, Mediastinum	80	18
Oesophagus	5	8
Stomach	29	24
Small Intestine	-	1
Caecum, Colon	17	24
Rectum	14	7
Gall Bladder, Bile Ducts, Liver	4	6
Pancreas	12	7
Kidney, Suprarenal	3	3
Bladder, Urethra	15	6
Prostate	25	-
External Genitalia	1	2
Uterus	-	16
Ovary	-	10
Breast	-	50
Brain, Spinal Cord	9	4
Thyroid	-	2
Lymph Glands	4	5
Leukaemia	3	9
Miscellaneous or not ascertained	<u>16</u>	<u>16</u>
	<u>242</u>	<u>220</u>

There were 10 deaths of persons under 35 years, the primary sites being as follows:-

Male	4 months	Intracranial Tumour
"	27 years	Lymphosarcoma of Nasopharynx
"	34 years	Astrocytoma
"	2 years	Neuroblastoma
"	31 years	Lymphoblastic Lymphosarcoma
Female	4 years	Myeloid Leukaemia
"	25 years	Acute Leukaemia
"	1 month	Congenital Malignant Reticulosis
"	2 years	Acute Myeloid Leukaemia
"	17 years	Retroperitoneal Liposarcoma

SPECIAL INVESTIGATIONS

The department's participation in special investigations has not lessened and we have been associated with the National Birthday Trust enquiry into Perinatal Mortality, the Public Health Laboratory Service's investigation of the Effects of Virus Infections in Pregnancy and the Survey of Infant Malignancy made by the Department of Social Medicine at Oxford. Of special interest has been the Public Health Laboratory Service's comparison of the American with the English oral poliomyelitis vaccine.

A report on penicillin resistant staphylococci in normal young children by Dr. J. A. Rycroft, Southend, and Dr. R. E. O. Williams, Colindale, members of the Public Health Laboratory Service, was presented to the Royal Society of Medicine - Proceedings volume 53, No. 4., page 258. The work involved bacteriological examinations of the nose and throat of 1,040 Southend children up to the age of 5, selected from our records. The authors conclude "The most striking feature of our results is the high carrier rate for penicillin-resistant staphylococci among the children under six months of age who had been born in hospital, but it is also interesting that, at all ages below four years, children who had been born in hospital were rather more often carriers of resistant strains than children born at home. Neither experience of antibiotic treatment nor differences in family structure seemed to explain the higher carrier rate for resistant strains in hospital children and it seems reasonable to conclude that the high rate is, in fact, due to the acquisition of "hospital" staphylococci and their retention in a few of the carriers for some years."

All the current enquiries have been productive. The nation-wide perinatal mortality survey has identified the factors associated with the avoidable loss of life immediately before and after birth, the part played by maternal rubella in the causation of congenital defect has been established statistically and it has been shown that even when the children of these mothers escape structural damage, a significant proportion of them do not fare as well as the ordinary child during the early years of life.

The final results of the Oxford survey are still awaited but enough has been published already to reduce the amount of diagnostic radiology to which pregnant women are submitted in some hospitals.

The comparison of British and American poliomyelitis vaccines-"A Report of the Public Health Laboratory Service to the Poliomyelitis Vaccines Committee of the Medical Research Council", B.M.J. 21st July, 1962 - was of particular interest to the department as it followed earlier work with which we had been privileged to be associated.

Southend was one of five centres where trials were carried out between May and August, 1961, when the polio virus levels and antibody response in two groups of children were investigated. Both vaccines were trivalent, and contained the same quantities of the same strains of attenuated virus.

The children participating were aged 5 - 7 years and had been vaccinated with three doses of Salk vaccine, the third dose having been at least 18 months before the beginning of the trial. The two vaccines were given to children in different schools in different parts of the town to minimise the risk of cross infection with vaccine virus between the two groups of children. Blood samples were taken immediately before vaccination and again five to seven weeks afterwards. Specimens of faeces were examined twice weekly for six weeks and any illness in the children or their families which occurred during this period was noted.

The results showed that the two vaccines behaved essentially alike, whether judged "by antibody response or by ability to colonise the gut, both were able to reinforce the immunity of the children as judged by the increase in antibody."

This kind of investigation is essential for any progress and it is a matter of satisfaction to us that we should have been able to help in this way.

Once again Southend parents have not failed to play their part in the improvement of the methods of protection available to other people's children and, in this way, they have repaid the debt that they, in their turn, owe to parents whose co-operation has made all previous advances possible.

PUBLIC HEALTH (AIRCRAFT) REGULATIONS, 1952 to 1961.
ALIENS ORDER, 1953

The following table of customs movements of aircraft and passengers is reproduced by courtesy of the Airport Commandant:-

	<i>Aircraft Movements</i>		<i>Passengers</i>	
	<i>In</i>	<i>Out</i>	<i>In</i>	<i>Out</i>
January	700	696	3, 471	2, 902
February	590	593	1, 895	1, 873
March	1, 148	1, 148	4, 403	8, 025
April	1, 514	1, 518	16, 596	13, 194
May	2, 071	2, 063	16, 596	22, 655
June	2, 654	2, 657	34, 334	39, 816
July	3, 012	3, 012	49, 805	55, 866
August	3, 136	3, 131	58, 877	59, 348
September	2, 302	2, 306	39, 842	27, 568
October,	1, 189	1, 189	9, 201	6, 538
November	766	763	3, 754	3, 530
December	787	782	5, 003	5, 192
	<u>19, 869</u>	<u>19, 858</u>	<u>243, 777</u>	<u>246, 507</u>

These figures do not include internal flights within the United Kingdom; the continued increase in international traffic at the airport is shown by the following table of customs movements in the last seven years:-

<i>Year</i>	<i>Aircraft</i>	<i>Passengers</i>
1955	7, 456	43, 385
1956	10, 487	73, 822
1957	14, 015	136, 748
1958	16, 471	179, 351
1959	26, 215	217, 389
1960	37, 687	381, 162
1961	39, 727	490, 284

The Public Health (Aircraft) (Amendment) Regulations 1961 make several amendments to the principal Regulations of 1952. In particular the definition of the "excepted area" is extended to include the Federal Republic of Germany, and Italy. The practical significance of this is that aircraft coming from an airport within the excepted area are not subject to health control, unless special circumstances make it necessary. If the flight originated outside the excepted area, the aircraft is subject to health control at the first port of call within the area, but not thereafter.

From time to time requests are received from airline operators for the disinsecting of aircraft and the provision of certificates, which are required in a number of countries, such as India and Pakistan, where insect vectors are an important element in the spread of disease. In February, Southend Airport was designated by the Minister of Health for the purpose of disinsecting aircraft. This work often requires to be done outside normal hours of duty, and the arrangements therefore provide for the payment of overtime to the officers concerned, and for the Health Committee to recover from the Airport Committee the costs involved in providing this service.

Since 1959 the duties of Medical Inspectors of Aliens have been undertaken by a panel of general medical practitioners who have undertaken to attend at the airport on request by H.M. Immigration Officer, and who are remunerated in accordance with an agreed scale of fees. At the present time there are seven practitioners on this list, although three of the medical officers of the Health Department also hold warrants as Medical Inspectors of Aliens.

In May 1961 this arrangement was extended to cover requests for medical assistance at the airport, other than matters of Health Control which is the responsibility of the Public Health Department. The scheme does not include provision for medical attendance for personnel employed in or about the airport, with the exception of air-crews, because these persons are appropriately dealt with under the ordinary procedure of the National Health Service.

The medical practitioners participating in these arrangements are those who also act as medical inspectors of aliens but while the latter function is limited to practitioners who hold a warrant from the Home Office, this scheme is open also to their partners or deputies.

The importation of foodstuffs forms a substantial part of the freight traffic at the airport, and reference to this will be found in the section on the work of the Chief Public Health Inspector.

LOCAL GOVERNMENT SUPERANNUATION ACTS 1937 - 1953

SICK PAY REGULATIONS

The following table shows the number of medical reports furnished to the various departments of the Corporation during the year:-

Airport	13
Architect's	13
Cemeteries	7
Children's	13
Cleansing	80
Education	143
Candidates for Teacher's Training Colleges	152
Entertainments	1
Engineer's	86
Fire	14
Housing	-
Justices' Clerk's	-
Libraries	10
Parks	31
Pier and Foreshore	16
Police	10
Probation Officers	2
Public Health	94
Town Clerk's	23
Transport	132
Treasurer's	37
Weights and Measures	2
Other Local Authorities	15
	<u>884</u>

CREMATORIUM

During the year, 1,891 cremations were carried out at the Southend-on-Sea Crematorium, to which the medical officer of health and his deputy act as medical referees.

CHILDREN IN NEED

Joint Circular of July 31st 1950

Ministry of Health Circular 27/54 "Prevention of Break-up of Families".

The Work of this Conference has shown very little change, although our meetings have been as helpful as ever.

During the year, 77 families were considered by the Conference, 160 agenda items being dealt with.

NURSERIES AND CHILD MINDERS (REGULATION) ACT, 1948

Arrangements under this Act were fully described and discussed in the Annual Report 1950, pp 81 and 82. No serious contraventions were found during the year, and conditions were generally reported to be satisfactory.

All premises where it is proposed to use an oil burning space heater are inspected on behalf of the Chief Fire Officer and compliance with his requirements is made a condition of registration. The assistance we receive in this matter is gratefully acknowledged.

Registration of Premises (Section 1 (1) (a))

Registrations in force January 1st 1961	...	6
Registrations in force December 31st 1961	...	9
Applications not proceeded with	...	-
Total number of children "permitted"	...	152
No. who ceased attendance at registered premises	...	107
No. who commenced attendance at registered premises		260
Total children under supervision during year	...	367
Total visits of inspection	...	45

Registration of Persons (Section 1 (1) (b))

Registrations in force January 1st 1961	...	33
Registrations made during year	...	18
Registrations cancelled by consent	...	15
Applications not proceeded with	...	17
Applications not granted	...	3
Registrations in force December 31st 1961	...	36
No. of children "permitted" at December 31st	...	207
No. of children "placed" with minders	...	254
No. of children "withdrawn" from minders	...	123
Total children under supervision during year	...	377
Total visits of inspection	...	238

NURSING HOMES

<i>Homes on Register at end of year</i>		<i>No. of beds provided</i>		
		<i>Maternity</i>	<i>Other</i>	<i>Total</i>
13, Cobham Road	<i>Aylward</i>	-	12	12
45, The Broadway, Thorpe Bay	<i>Broadway</i>	-	6	6
41, Crowstone Road	<i>Craigowan</i>	-	6	6
39, Imperial Avenue	<i>Langley</i>	-	9	9
174, Kings Road	<i>Leigh</i>	-	11	11
98, Crowstone Road	<i>Lodge</i>	-	20	20
77, Wimborne Road	<i>Oak House</i>	-	18	18
54, Salisbury Road	<i>Salisbury House</i>	9	-	9
122, Crowstone Road	<i>Trenow House</i>	-	17	17
407, Westborough Road	<i>Two Ways</i>	-	7	7
278, Southbourne Grove	<i>Wincilla</i>	-	4	4
		9	110	119

No. of inspections made during year: 11

HOME HEALTH SERVICES

Medical officers of health are requested by the Ministry of Health to comment on the matters detailed below.

(a) *Arrangements for health visitors to work in conjunction with a particular general medical practitioner or groups of practitioners.*

A formal association of this kind is impracticable at the present time. There are 89 medical practitioners in contract with the Local Executive Council as principals and the County Borough extends 7½ miles from east to west. While some practices undoubtedly have recognisable spheres of influence the majority of practitioners cover a very wide area. We have only 15 (including 1 part-time) health visitors in post and there appears little utility in attaching each of them to no fewer than five practitioners. Even if we were fortunate enough to command the services of more health visitors, attachments of this kind would raise the fundamental issue of the way in which their work is to be organised.

From the beginning, the posts of health visitor and school nurse have been combined, the areas assigned to each being based upon the infant schools, an arrangement which offers the best opportunity of continuity of supervision during the earlier and more critical period of life.

The separation of the secondary from the primary schools, a process which in Southend was almost complete before the outbreak of World War II, has done something to reduce the usefulness of this organisation but, nevertheless, its advantages are such as to make one unwilling lightly to abandon it.

The health visitors are, however, encouraged to make their own individual contacts with general practitioners and, as they demonstrate their usefulness and even indispensability, this association grows.

Medical students are now much better taught than their predecessors concerning the function of the communal health services and so enter practice with a much better understanding of their organisation. They are, therefore, much readier to accept and to utilise what we have to offer. There is no doubt that, in the future, the general practitioner and the health visitor will co-operate more fully with each other.

The same considerations prevent the attachment of domiciliary midwives to individual practices but here there is also another factor to be considered, that is the growing practice of discharging patients delivered in hospital earlier in their lying-in period. Institutional delivery is increasingly regarded as a right, as well as a necessity, and in urban areas such as this, the trend towards the hospital is governed only by a limited accommodation. Elective early discharge is likely to be forced upon hospital and local health authorities alike and, if domiciliary midwifery is to remain a satisfying way of life, we must consider the implications of this.

The midwife is most likely to accept the prospect of conducting fewer labours and being responsible for more lying-in patients if she feels she is a responsible member of a team and not treated, as one midwife has described it, as being "excluded from the party and put to do the washing up".

If, however, she has an opportunity of getting to know her patient early in pregnancy, of sharing with the hospital her ante-natal care and of attending to the mother and baby from the earliest practicable moment in the puerperium and so being responsible for the whole care of the nursing couple, she is more likely to find in the new order the essential job satisfaction which alone will maintain morale, or even numbers, in the profession.

The greater the number of patients for whom the hospital accepts responsibility, the greater will become its ante-natal obligations and, if these are to be shared in part with the domiciliary midwife, some of her time must be devoted to attendance at clinics. This alone argues that her attachment should be primarily to the hospital maternity services and not to individual practices.

(b) Arrangements for health visitors to follow up the case of persons discharged from hospital

There is a specialised health visitor attached to the Lancaster House Chest Clinic who shares in the nursing duties there so that a

follow-up of patients discharged from hospital is both natural and automatic.

The almoners and ward sisters are beginning to request assistance and follow-up from our health visitors and, for the reasons which augur a closer integration of the health visitors work with general practice, one also can anticipate the same process taking place with the hospitals.

(c) Arrangements for health education.

These continue with little alteration, for teaching is inseparable from most of our activities. In particular there is systematic teaching of motherhood in secondary modern schools, the development of discussion groups with expectant mothers, the giving of talks to young wives and other kindred organisations and the distribution of "Better Health."

The public health inspector is now less than ever an enforcement officer and more and more a teacher. In a town with a large catering industry special attention is required and is indeed paid, to the education of food handlers.

(d) Progress in the provision of mental health services.

The success of the Junior Training Centre and the starting of a social club for the adult subnormal are touched upon elsewhere. Mention is also made of the unification of the field services for mental health with those of the welfare service. Against the background of our staffing difficulties it might be considered derisory to look for evidence of progress but nevertheless at least its promise exists. This unification must have important benefits in providing a wider experience for the officer and preventing the fragmentation of the patients' problems between various sections where his needs overlap each other.

The year has also seen the growth of the promising association between the department and the developing psychiatric services at Rochford Hospital, the benefits of which are already being demonstrated.

(e) Progress in the Provision of a Chiropody Service.

At the beginning of the year arrangements to start a free chiropody service were well in hand, but the person whom we had expected to employ was unable to secure the inclusion of his name in the List kept by the Minister pursuant to the National Health Service (Medical Auxiliaries) Regulations, 1954, Article 3(4). It was with difficulty that a suitably qualified chiropodist was engaged to begin 1 session weekly on February 24th. A second weekly session was begun on 5th May and a third on 20th June.

Chiropody Service Proposals

1. The Council proposes to provide a chiropody service for the elderly, the physically handicapped and expectant mothers. Initially it will be provided only for persons over the age of 70 but it will be developed by stages so as to include all the classes mentioned above and such other classes as the Council may decide.
2. Initially treatment will be afforded at the Council's own premises by chiropodists employed on a sessional basis who satisfy the requirements of the National Health Service (Medical Auxiliaries) Regulations, 1954, or who hold such other qualifications as the Minister may subsequently deem appropriate. When fully developed the service will provide for 9 sessions per week, but this may be varied as necessary.
3. As may be necessary, other premises will be used in due course.
4. As soon as may be practicable the Council will arrange for the transport to clinics of housebound patients, or make arrangements for their treatment in their own homes.

WATER

The Southend Waterworks Company is now the statutory undertaker for the supply of the whole area; the water in service is satisfactory; both in quality and quantity.

Bacteriological examinations of the water at various stages between its abstraction and delivery in service are made daily in the undertaking's own laboratory, and independently the department takes samples of the supply in service, submitting them for bacteriological examination to the local Public Health Laboratory Service laboratory and to consultants for chemical analysis; 172 bacteriological and 6 chemical reports were received during the year.

The water is without plumbo-solvent action and it has not been necessary to deal with any form of contamination.

Less than one dozen properties are known to be supplied from shallow wells and the number of houses served by standpipes is equally insignificant. A piped supply to individual properties is otherwise universal.

SEWERAGE

The arrangements for sewerage and sewage disposal are adequate. The number of dwelling houses which are not now connected to the main drainage system is insignificant. Steady progress is being made in securing their connection and it is anticipated that few, if any, will remain to be dealt with at the end of three years.

COMMON LODGING HOUSES

There are no common lodging houses within the County Borough.

SANITARY CIRCUMSTANCES OF THE AREA

Mr. R.A. Drake, B.E.M., F.R.S.H., Chief Public Health Inspector, reports as follows:-

STAFF

Another former pupil public health inspector resigned in July. His career with us follows a pattern which is all too familiar. We choose a pupil with care, provide him with a comprehensive, well organised training, ensure that his work is thoroughly supervised and afford him the necessary study leave to fulfil the requirements of the Joint Examination Board. Incidentally, the Council pays 75% of his approved expenses while under instruction. When he qualifies he rarely stays very long with the department. His departure would not be so frustrating if it were occasioned by a desire to further his experience and to qualify him for a more responsible post in the future. All too often the prospect of being provided with a Council house at a reasonable rental, of an allowance to maintain a motor-car and the ingenious interpretation of the latitude allowed by the Whitley Council agreements in the matter of grading, are arguments which are not resisted, particularly when they are reinforced by the eloquence and persuasiveness of a wife.

For all too long the department has had to rely on the experience and expertise of the senior men now in service and on the proper use of the very excellent pupils we obtain from time to time. When the senior men retire we shall face a difficult situation for the middle grades of experience do not exist and there will be few, if any, whom we can promote.

WORK OF THE PUBLIC HEALTH INSPECTORS

The department dealt with 1,884 complaints, two-thirds of the total of the previous year and a striking change from earlier years, when we could expect approximately 5,000. The sustained efforts which have been made since the war to deal with housing difficulties and our policy of advising property owners concerning their properties as a whole, together with the effect of the Housing Repairs and Rent Restriction Act, have made an over-all improvement in the condition of much of the housing in the Borough. This is also evidenced by our experience of the abatement of nuisances, the total number of which was half what it was in the previous year.

It would be entirely misleading to interpret these statistics as indicating a reduction in the work of the department. The rate at which major improvements and adaptations are being made to dwelling houses continues to grow, and with it the volume of the necessary inspection of drainage and other works involved.

Systematic inspection, which is a duty placed upon a local authority, also reduces the volume of complaints. The extensive surveys made by the department in recent years have contributed to the present satisfactory state.

FOOD HYGIENE

Our responsibilities are continuously expanding in other directions. Catering establishments of all kinds demand a very considerable effort of inspection and health teaching. The rationalisation and mechanisation of the food trade bring their own risks to the consumer, which increase proportionately with the size of the plant so making good methods and discipline at all levels more important than ever.

The standard of food hygiene in food premises has been reasonably well maintained. Where we have found cause for criticism this has been due mainly to the faults of employees rather than the failure of the management to make structural improvements.

The education of the seasonal food handlers still occasions both concern and effort. They seldom continue to be employed in the catering trade for more than one season, consequently each year we have to spend much time in trying to inculcate reasonable standards of hygiene.

Food Hygiene was the subject of 29 talks and film shows given by the Department to a variety of organisations, in addition to talks to staffs engaged in the handling of food at factories and kitchens, and also to the salesmen employed on mobile ice-cream vans.

COMPLAINTS

Complaints received during the year:-

General housing defects	816
Defective drainage systems)	
Blocked drainage systems)	376
Overcrowded and unsatisfactory housing conditions	110
Deposit of refuse on vacant land and back passages	81
Insect pests	45
Absence of, or defective, dustbins	51
Food and food premises	128
Sanitary conveniences	38
Dirty condition of houses or rooms	81
Factories and workshops	16
Animals improperly kept	17
Fly nuisance	21
Water supply	23
Caravans	1
Noise	2
Miscellaneous	78
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	1884
	<hr/>

ABATEMENT OF NUISANCES

Number of nuisances abated:-

After service of informal notices	261
After service of statutory notices	11
Without notice	927

Proceedings were instituted against three owners for failing to comply with statutory notices. In all cases the Court made nuisance orders and the Corporation had to do the work in default of the owners.

On thirteen occasions blocked and defective drainage systems were dealt with under private Act powers which enable the Corporation on 48 hours' notice to the owner, to undertake the work and to recover the expenses incurred. This enables these matters to be dealt with much more quickly than under the Public Health Act.

DIRTY AND VERMINOUS HOMES

In two instances it was necessary to serve notices under sections 83 and 84 of the Public Health Act 1936. Both concerned elderly people who were subsequently admitted to institutions.

The Department treated 260 rooms and 1019 articles of bedding, furniture, etc. infested with vermin.

THE CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT 1960

One site is licensed and was well conducted.

During the year 8 caravans were found stationed on unauthorised sites but these were removed within a few days following representation to the occupants. A total of 284 visits was made to camping sites and caravans.

RODENT CONTROL - WORK OF THE RODENT OFFICER

Complaints of infestations	Rats	Mice	Total	1960
Properties inspected				
on notification	501	214	715	501
surveyed under Act	80	-	80	574
Infestations found	402	208	610	446
Treatment carried out				
(a) by local authority	383	204	587	436
(b) by occupier under supervision of Rodent Officer	19	4	23	10
Total number of inspections			4165	3177

The treatment of sewers is undertaken by the Borough Engineer's Department, 474 manholes being prebaited and 142 poison baits laid.

PLACES OF ENTERTAINMENT

Forty-nine inspections were made of theatres, cinemas and other places of entertainment. Matters such as the general cleanliness of

the premises, the efficiency of ventilating systems, and the proper maintenance of sanitary accommodation, staff and dressing rooms, were all dealt with.

RAG FLOCK AND OTHER FILLING MATERIALS ACT 1951

This Act enforces the use of clean materials for filling upholstered articles including furniture, bedding and baby carriages. Fourteen premises are registered; nine samples of filling materials were submitted for tests in accordance with the Rag Flock and Other Filling Materials Regulations 1951; all were reported to be satisfactory. Twenty-seven visits of inspection were made.

PET ANIMALS ACT 1951

Fifteen applications for licences were received and granted, 58 inspections being made of pet shops to ensure that the provisions of the Act relating to the welfare of animals for sale were observed.

PHARMACY AND POISONS ACT 1933

A total of 371 inspections of the 241 premises registered by the Council was made.

PUBLIC MORTUARY

During the year, 105 bodies were received in the public mortuary. All autopsies were performed at the Southend General Hospital.

SHOPS ACT 1950

The Department is responsible for administering sections 37 - 39 of this Act, which require the provision of seats for shop assistants, suitable and sufficient ventilation, temperature, lighting, sanitary conveniences and washing facilities, etc.

Visits of inspection totalled 1486, and all matters requiring attention were remedied without formal action being required.

MERCHANDISE MARKS ACT 1926 AND AGRICULTURAL PRODUCTS (GRADING AND MARKING) ACT 1928

No contraventions regarding the labelling of imported foodstuffs were detected during the year; two hundred and twenty-nine inspections were made.

FERTILISERS AND FEEDING STUFFS ACT 1926

The following are particulars of samples submitted for analysis:-

	Satisfactory	Unsatisfactory	Action taken
Fish fertiliser	-	2	Matter taken up with the firm and the Authority in whose area the fertiliser was manufactured.
Sulphate of Ammonia	1	-	
High Nitrogen Fertiliser	1	-	
Thrive Fertiliser	-	1	No action as Analyst reported that it did not appear to be to the prejudice of the purchaser.

	Satisfactory	Unsatisfactory	Action taken
Layers Mash	-	1	Analyst reported that it did not appear to be to the prejudice of the purchaser. No action except to send a copy of the certificate to the Authority in whose area the article was manufactured.
Layers Pellets	-	1	Analyst reported that it did not appear to be to the prejudice of the purchaser. No action except to send a copy of the certificate to the Authority in whose area the article was manufactured.

AGRICULTURE (SAFETY, HEALTH AND WELFARE PROVISIONS) ACT 1956 -
SANITARY CONVENIENCES AT FARMS

The total number of premises subject to inspection under this Act is 44. In some instances minor matters required to be rectified. All these were promptly dealt with.

METEOROLOGY

The following information is supplied by the Meteorological Officer:-

Total sunshine for the year	1704.8 hours
Sunniest day	28th June
Sunniest month	June
Days with sunshine	300
Total rainfall for year	20.04 inches
Wettest day of year	12th June
Mean temperature	51°
Prevailing wind	South-west

FACTORIES ACTS 1937 AND 1948

Inspections

	No. on Register	Number of Inspections	Number of Written notices	Occupiers prosecuted
(a) Factories in which Sections 1,2,3,4 and 6 are to be enforced by the local authority	36	98	3	-
(b) Factories not included in (a) to which Section 7 applies	371	290	8	-
(c) Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises)	3	3	-	-
	<u>410</u>	<u>391</u>	<u>11</u>	<u>-</u>

Defects found

	Number of cases in which defects were		Referred		Number of cases in which prose- cutions were instituted.
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	3	3	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	1	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary conveniences					
(a) Insufficient	2	2	-	-	-
(b) Unsuitable or defective	18	17	-	4	-
(c) Not separate for sexes	1	1	-	1	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
	<u>24</u>	<u>23</u>	<u>1</u>	<u>5</u>	<u>-</u>

Outworkers

Lists received from employers and other authorities as in August 1961:-

Nature of Work	Work-people
Wearing apparel	69
Plastic toys and fancy goods, etc.	44
Nail and screw packing	7
Curtains	2
Leather dressing and glove making	1
Covered buttons and belts	2
Umbrellas	1
Brush making	1
	<u>127</u>

DISEASES OF ANIMALS ACTS

The Chief Public Health Inspector is the inspector of the local authority under the Diseases of Animals Acts, administering the numerous statutory requirements.

The veterinary inspections required by the Acts are carried out by the divisional inspectors of the Ministry of Agriculture, Fisheries and Food.

Four hundred and sixty-one visits of inspection were made.

Diseases of Animals (Waste Foods) Order 1957

This order, made in 1957 by the Minister of Agriculture, Fisheries and Food requires local authorities to issue licences in respect of waste food boiling plants. It prohibits the feeding of unboiled waste foods to certain animals or to poultry, and requires

collectors of waste foods to boil them for one hour in a plant licensed by the local authority. Three licences have been granted and 28 inspections of the plants were carried out during the year.

HOUSING

(a) Unfit Houses dealt with under the Housing Act 1957

A total of 15 properties were involved in the two Clearance Orders made during the year. In addition 53 houses were demolished and 27 closed during the year.

(b) Rent Act 1957

The following table shows the number of certificates etc., dealt with during the year:-

Part I - Applications for Certificates of Disrepair.

(1) Number of applications for certificates	6
(2) Number of decisions to refuse certificates	-
(3) Number of decisions to issue certificates	
(a) in respect of some, but not all defects alleged	1
(b) in respect of all defects	3
(4) Number of landlords' undertakings accepted (First Schedule, para 5)	-
(5) Number of undertakings refused by local authority (First Schedule, para 5)	-
(6) Number of certificates issued	2

Part II - Applications for Cancellation of Certificates.

(7) Applications for cancellation of certificates	1
(8) Objections by tenants to cancellation of certificates	-
(9) Decisions by local authority to cancel in spite of objections	-
(10) Certificates cancelled by local authority	-

FOOD

Food Premises

A total of 9,304 inspections of premises where food is prepared, stored or sold has been made during the year.

The number and type of such premises as at 31st December, 1961 was as follows:-

Butchers	115
Canteens	34
Fishmongers	68
Flour confectioners	55
Food factories	24
Fruiterers and greengrocers	130
Grocery and provisions	370
Hospitals and homes	56
Hotels and boarding houses	430
Licensed premises and clubs	78
Restaurants, cafes and milk bars, etc.	600
School kitchens	48
Stalls, vans, etc.	42
Sugar confectioners	258
Miscellaneous	199
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	2507
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FOOD PREMISES REGISTERED UNDER SECTION 16 OF THE FOOD AND DRUGS ACT
1955 OR UNDER LOCAL ACTS

Manufacture of ice-cream	7
Sale of ice-cream	380
Ham boiling	88
Manufacture of sausages	75
Fish curing	18
Fish frying	30
Cooking of meats, chickens, etc.	17
Manufacture of meat pies	4
Bacon curing	3
Sale of shellfish	38
Onion peeling	5
Sale of hamburgers	1
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	666
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UNSOUND FOOD

In addition to the carcasses etc. condemned at slaughter, the following foods were voluntarily surrendered as being unfit for human consumption:-

Canned goods	6726 tins
Fresh food	
Meat	3992 lb.
Fish	263 st. 11lb.
Miscellaneous	1632 lb.

All condemned food is disposed of in the Corporation's controlled tip.

SAMPLING OF FOOD AND DRUGS

(i) Samples of Food Analysed

Nature of Sample	Number
Milk	95
Channel Island Milk	8
Sausages, tinned and cooked meats and fish, pies, etc.	26
Ice-cream	18
Soups, spices, pickles, herbs, etc.	34
Dried, preserved and tinned fruits, vegetables, etc.	34
Cakes, puddings and ingredients	52
Butter, margarine, lard and fat	25
Cereals and pulses	18
Tea, coffee, cocoa, etc.	16
Non-alcoholic drinks	12
Alcoholic drinks	9
Biscuits	5
Cheeses and cheese spreads	6
Sugar	1
Baby foods	4
Bread	1
Jams, jellies, preserves, etc.	10
Sweets	10
Buttered buns and rolls	10
Suet	4
Cod liver oil and malt	1
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	399
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(ii) Unsatisfactory Samples

Of the samples analysed, sixteen were reported to be not genuine, details of which and the action taken in regard thereto are as follows:-

No.	Sample	Whether Formal or Informal	Nature of Adulteration or Irregularity	Observations
3483	Bread	Informal	Contained foreign (black greasy) matter.	Cautioned.
3492	Beef Sausages.	Informal	Contained 280 p.p.m. Sulphur Di-Oxide.	Cautioned.
3493	Pork Sausages.	Informal	Contained 115 p.p.m. Sulphur Di-Oxide.	Cautioned.
3505	Pork Sausages.	Informal	Contained 268 p.p.m. Sulphur Di-Oxide and only 49% Meat.	Cautioned.
3646	Dried Apricots.	Formal	Contained a beetle and a maggot.	Remainder of consignment destroyed.
3660	Ice Cream.	Informal	10% Deficient in Fat.	Formal sample satisfactory. Cautioned.
3735	Milk Carton.	Informal	Contained foreign matter - consisting mainly of wax.	Manufacturers notified.
3692	Milk.	Informal	Contained 18% of Added Water.	Formal samples taken and reported genuine.
3767	Buttered Bun.	Informal	The fat spread on the bun consisted of margarine.	Formal samples taken.
3770	Buttered Buns.	Formal	Fat spread on buns consisted of margarine containing not more than 10 per cent butter-fat.	Fined £3 and one guinea costs.
3772	Buttered Buns.	Formal	Fat spread on buns consisted of margarine containing not more than 10 per cent butter-fat.	Fined £3 and one guinea costs.
3785	Buttered Rolls.	Formal	Fat spread on buns consisted of margarine containing not more than 10 per cent butter-fat.	Fined £10 and three guineas costs.
3786	Buttered Rolls.	Formal	Fat spread on buns consisted of margarine containing not more than 10 per cent butter-fat.	Fined £5 and two guineas costs.
3839	Lemonade.	Informal	Sample smelt of "Home Permanent Wave" Lotion and contained dirty matter.	Cautioned.
3812	Sponge Sandwich	Informal	Sample had undergone some fermentation due to age.	Fined £10 and eight guineas costs.
3879	Chocolate Log.	Informal	Cream filling tasted slightly rancid.	Cautioned.

PROSECUTIONS

Proceedings were taken in eight instances under the Food and Drugs Act -

- (i) Under Section 2 against three cafe proprietors for selling rolls containing margarine instead of butter; two were fined £3 and one guinea costs each, and one £10 with three guineas costs.
- (ii) Under Section 2 against two grocers in respect of a mouldy meat pie and a mouldy sponge sandwich; fines of £5 and £10 with eight guineas costs, were imposed.
- (iii) Under Section 8 against a grocer for selling sausages unfit for human consumption; fined £5 with £3.9s.0d. costs.

Food Hygiene (General) Regulations -

- (i) Regulation 9(e) contravention by food handler smoking in food room in which there was open food; fined £5 with two guineas costs.
- (ii) Regulations 30 and 33 - contravention by meat carrier not wearing head covering while carrying meat; fined £5 and two guineas costs.

AIRPORT

698 tons of imported meat were inspected at the Southend Municipal Airport. In addition 631 tons of other imported foodstuffs were inspected.

REGISTRATION OF HAWKERS AND THEIR PREMISES

Four new applications for registration were received from hawkers, making the total number registered 69.

SHELLFISH

Registration

Thirty-eight premises are registered for the sale of shellfish, nine of which are sheds where cockles are processed.

Bacteriological Sampling

During the year 505 samples of cockles were submitted to the Public Health Laboratory for bacteriological examination. All samples were reported fit for consumption.

MEAT

Slaughterhouses

During the year, 2901 animals were slaughtered and examined at Rayleigh slaughterhouse, as detailed below:-

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	427	103	142	1338	2901
Number inspected	427	103	142	1338	2901

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
All diseases except Tuberculosis and Cysticerci:					
Whole carcasses condemned	-	2	1	4	-
Carcasses of which some part or organ was condemned	72	10	-	12	115
Percentage of number inspected affected with diseases other than tuberculosis and cysticerci	16.9	11.6	0.7	1.2	3.9
Tuberculosis only:					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	2	-	-	9
Percentage of number inspected affected with tuberculosis	-	2.0	-	-	0.3
Cysticercosis:					
Carcasses of which some part or organ was condemned	3	-	-	-	-
Carcasses submitted to treatment by refrigeration	3	-	-	-	-
Generalised and totally condemned	-	-	-	-	-

Slaughter of Animals Act

Five applications for licences to slaughter animals in slaughterhouses were received, all of which were granted.

MILK

Registration and Licensing

Milk and Dairies Regulations 1949-1954

No. of persons registered as distributors	174
No. of premises registered as dairies	2

Milk (Special Designation) Regulations 1960

No. of dealers' (Pasteuriser's) licences	3
No. of dealers' pre-packed milk licences in respect of -	
Pasteurised, sterilised and tuberculin tested milk	32
Pasteurised and sterilised milk	63
Pasteurised milk	17
Sterilised milk	87
Tuberculin tested milk	3

Bacteriological Examinations

During the year, 536 samples of milk were submitted for prescribed examinations:-

	No. of samples	Passed	Failed
Pasteurised	159	157	2
Sterilised	51	51	-
Tuberculin Tested			
(a) Pasteurised	157	155	2
(b) Farm Bottled	169	163	6
	<u>536</u>	<u>526</u>	<u>10</u>

The 10 samples of tuberculin tested farm bottled milk were from farms situated outside the Borough. The reports were forwarded to the Area Milk Officer for investigation.

ICE-CREAM

Seven manufacturing firms supply considerable quantities of ice-cream to retailers outside the Borough.

Eight firms are registered in respect of 31 mobile vans for the sale of ice-cream in the Borough - a requirement of the Corporation's Act of 1947; all are provided with sinks with hot and cold water supplies etc. In addition, there are a number of vans which operate in areas outside the Borough and retail "soft" ice-cream. Factories are kept under close supervision and samples from every mix submitted to the Public Health Laboratory for testing.

Eight hundred and eighty-four samples were submitted to the Public Health Laboratory for examination by the methylene blue reduction test, and were classified in accordance with the standards suggested by the Ministry of Health, as follows:-

Grade 1	Grade 2	Grade 3	Grade 4
608	224	44	8

Category 3 and 4 samples are regarded as unsatisfactory. Investigation of the possible causes of contamination is carried out on the premises from which they are obtained, and advice given.

FOOD HYGIENE (AMENDMENT) REGULATIONS 1957 - (ONION PEELERS)

A pickle manufacturing firm whose factory is situated outside the Borough employs outworkers living in the County Borough.

The firm has installed an onion peeling machine as a result of which the outworkers are only engaged in topping and tailing onions and the number of outworkers has been greatly reduced. The number registered for this purpose is five.

BACTERIOLOGICAL SAMPLING

The undermentioned samples were submitted to the Public Health Laboratory for examination during the year:-

Milks	533
Shellfish	505
Ice-cream	868
Water	177
Milk bottles	66
Meat and organs	3
Miscellaneous foods following illness, complaints, etc.	58
	<u>2210</u>

REGINALD A. DRAKE
Chief Public Health Inspector

NATIONAL HEALTH SERVICE ACT, 1946, PART II

GENERAL MEDICAL AND DENTAL SERVICES.

PHARMACEUTICAL SERVICES AND SUPPLEMENTARY OPHTHALMIC SERVICES.

The services provided under Part II of the Act are controlled by the Local Executive Council, a statutory body appointed by the Ministry of Health. Certain members of the Town Council continue to serve on the Local Executive Council, and there is a very pleasant relationship between these bodies.

The following extracts from the Report of the Local Executive Council for the year ended March 31st 1961 are included by kind permission of the Chairman, Dr.H.F.Hiscocks, to whom, as ever, I am much indebted:-

"There were 3 resignations from membership of the Council during the year. For personal reasons Mrs.H.Boyes-Watson found it necessary to leave us in September and Alderman Mrs.C.Leyland resigned at the end of March. To both these ladies we extend grateful thanks for past services. At the end of March also Dr.H.J.Bland resigned. The Minister of Health appointed Mrs.Brian Hill to take the place of Mrs.H.Boyes-Watson and we welcome her to the Council. The Minister also reappointed Mr.J.H.Burrows, Mr.H.Cloke and Mr.G.E.Findlay to membership of the Council for a further period of 3 years from April 1st 1960.

The implementation of the recommendations of the Royal Commission on Remuneration of Medical and Dental Practitioners (the so-called "Pilkington Report") was started, and towards the end of the year back payments were made to general medical practitioners and ophthalmic medical practitioners.

Following the Minister of Health's increase of prescription charges on March 1st 1961 - 2s.0d. was charged per each item prescribed, instead of 1s.0d. Certain old age pensioners, army pensioners and the like are entitled to a full refund of these charges, as before, and I am told that the proportion of those availing themselves of the refund varies from 10% to 20% between different chemist contractors. Bearing that in mind, and also the fact that the change has not long been introduced, one has not been aware of any considerable degree of criticism. At the same time it is interesting to note that, at a national level, there has been a drop of over 4½ million prescriptions issued during March, as compared with the previous month.

The Annual Meeting of the Executive Councils' Association was held at Llandudno in October. Mrs.L.Radcliffe Lewis, Mr.E.B. Bunting, our Clerk, Mr.Drew and I represented you. I was re-elected to the Management Committee for a further term of one

year, and am grateful to you for having nominated me to serve. On this occasion for the first time certain paragraphs from the Management Committee's Annual report were selected for special discussion, and I was requested by the Management Committee to initiate the discussion on the paragraph concerning "Report of the Cranbrook Committee on Maternity Services."

Another partnership of medical practitioners has introduced the appointments system at their main surgery. Though this may lead to an increase in the length of surgery hours the scheme is designed to reduce the waiting period for patients. Urgent cases are, of course, catered for. This scheme, and any others that may be started, will be watched with interest.

Our first "Group Practice" which had been started during the previous year, was informed by the Group Practice Loans Committee earlier this year that their application from the Fund, though granted, might have to wait some considerable time before further consideration could be given to it. It was particularly gratifying, therefore, when in November a loan of £6,000 was approved and has since been made to the Group. At the same time information was received that, owing to the volume of requests, subsequent loans would be limited to £1,000 per doctor in a group, or 50% of the sum spent in furtherance of group practice whichever was the less.

Some Statistics. New acceptances numbered 14,645 (199 more than a year ago) and temporary residents 6,732 (346 more than a year ago). The number of medical practitioners in contract with the Council as principals has risen from 88 to 89 during the year and there are 2 assistants and 1 trainee assistant (1 less than a year ago.) The average number of patients on a doctor's list is 1,895 (13 more than a year ago.) One medical practitioner on the Council's list was recommended by the Council to receive, and is in receipt of, a Supplementary payment.

The Cost of the Service continues to rise. Gross expenditure for the year ended March 31st, 1961, was £888,065, compared with £755,465 for the previous year. Five years ago this figure was £569,641.

The Council's Area is now divided into 5 areas, instead of 4 as formerly. The new area is Eastwood. This follows the representations, which had been made in the previous year by the Eastwood Residents' Association regarding under-doctoring in the Eastwood district. Leigh-on-Sea and Eastwood are classified as "Intermediate", and Southend-on-Sea and Thorpe Bay, Westcliff-on-Sea, and Shoeburyness as "Designated".

Sight Tests in the year numbered 29,426 and pairs of glasses supplied 25,005 - an increase on the previous year in both cases.

The Hours of Service Committee met 5 times. The Chemists' Rota continues to be planned for 12 months ahead with a review of the position at the end of the half-year.

Following some criticism from the Shoebury district the rota of chemists in that area was varied to form a more equable distribution of the Service, since when there have been no further complaints.

During the year the "Southend Standard" introduced each week a full list of rota service duties. For this the Council are grateful, as it has proved of great help to the public.

	Year ended 31.3.60	Year ended 31.3.61
GENERAL MEDICAL SERVICE		
Number of principal practitioners included in the List	88	89
Number of assistant practitioners employed by principals	2	2
Number of persons included in Doctors' Lists	165,639	168,711
Number of persons registered as temporary residents	6,486	6,732
Total gross payments made to practitioners for General Medical Services	£230,199	£283,044
Total gross payments made to practitioners for mileage	£51	£60
Total gross payments made to practitioners for Drugs	£200	£255
Total payments made to practitioners opting out of the Superannuation Scheme.	£1,962	£2,411
MATERNITY MEDICAL SERVICE		
Number of practitioners included in the separate List	55	60
Number of Assistant practitioners included in the separate List.	1	-
Total gross payments made to practitioners for Maternity Medical Services	£8,246	£10,126
TRAINEE ASSISTANT PRACTITIONERS		
Number of assistant practitioners	2	1
Total amount paid to employing principals	£2,407	£807
SUPERANNUATION, EMPLOYER'S CONTRIBUTIONS	£10,288	£18,544
DENTAL SERVICE		
Number of dentists included in the List	37	37
Number of Assistant dentists included in the List	9	9
Total gross payments made to Dentists in the year	£185,943	£195,878
Total gross payments made to Dentists opting out of the Superannuation Scheme	£103	£328
Superannuation, Employer's contributions	£7,747	£9,073
Total amount of Statutory charges to patients	£46,930	£49,437

	Year ended 31.3.60	Year ended 31.3.61
SUPPLEMENTARY OPHTHALMIC SERVICE		
Number of Opticians included in the List	34	34
Number of establishments included in the List	34	33
Number of Ophthalmic Medical Practitioners included in the List	5	5
Number of dispensing opticians included in the List	10	9
Number of sight-tests authorised up to 31st March, 1961	330,780	
Number of cases dealt with up to 31st March, 1961,		
where one pair of glasses supplied	160,575	
two " " " "	50,752	
three " " " "	45	
bifocals supplied	47,202	
one lens supplied	4,480	
(a) Total amount paid to the profession	£57,225	£59,653
(b) Total amount of refunds of deposits to Patients (repairs, etc.)	£143	£148
(c) Total amount of Statutory Charges to Patients	£27,300	£28,413
PHARMACEUTICAL SERVICE		
Number of Pharmacists included in the List	50	49
Number of Pharmacists' establishments included in the List	63	62
Number of Drug Stores included in the List	1	2
Number of Appliance Suppliers included in the List:-		
Distributors	27	31
Manufacturers	6	6
Amount paid to Pharmacists for dispensing	£258,742	£292,174
" " " " " Rota Duties	£1,171	£1,158
" of Statutory Charges to Patients	£48,788	£51,086
ADMINISTRATION		
Number of permanent Staff employed	14	14
Number of temporary Staff employed	-	-
Number of part-time Staff employed	-	-
SUMMARY OF EXPENSES		
	£	£
General Medical Services (Including Mileage and Drugs).	221,759	304,274
Maternity Medical Services	8,246	10,126
Trainee Assistant Practitioners	2,407	807
Dental Services	193,793	205,279
Supplementary Ophthalmic Services	57,369	59,801
Pharmaceutical Services	259,914	293,332
Administration	11,980	14,444
Superannuation Refunds	-	-
Miscellaneous.	-	-
	<u>£755,465</u>	<u>£888,063</u>
STATUTORY CHARGES TO PATIENTS		
Dental Services	46,930	49,437
Supplementary Ophthalmic Services	27,300	28,413
Pharmaceutical Services	48,788	51,086
	<u>£123,018</u>	<u>£128,936</u>

NATIONAL ASSISTANCE ACT, 1948

Welfare Services

With the exception of Section 50 (Disposal of the Dead) the Council's duties under the National Assistance Act, 1948 were confided, as from the appointed day, to the Health Committee and have since remained their responsibility. The wisdom of this arrangement becomes more apparent with time and, in an authority of this size, it results in economy of administration, the avoidance of overlapping jurisdictions and prevents dilution of responsibility, so affording the community a better service than under any other arrangements.

Notwithstanding the steady growth in the number of Part III beds which the Council provides, it would not have been possible to sustain the pressures which have mounted steadily with each succeeding year if there had not been unified direction of the ancillary medical services and welfare provision. It is only possible to ask the home help service or the district nurse to shoulder responsibilities which are ordinarily outside their scope if the individuals know that the whole resources of the department are promptly available for their relief if the tasks become too onerous.

A waiting list for accommodation is only tolerable if those who need this provision can be visited so that their condition and circumstances can be reviewed, and without the willing help of your health visitors this could not have been accomplished.

The administration of your duties in respect of those requiring temporary accommodation has, up to the present, been successfully discharged in the absence of any specific provision.

Experience has completely justified the advice tendered much earlier, namely that the setting up of temporary accommodation produces more problems than it solves. We can only report this because your staff have shown infinite patience and endless resourcefulness in dealing with the applications we received, but this would not have availed had we not received the most understanding and willing help from our colleagues, the Children's Officer, the Housing Manager and the Superintendent of Connaught House, who has always been ready to provide short-term shelter for mothers with children. In this matter we tread a veritable tight-rope and the burden of conscientious anxiety rests heavily on those officers who are responsible to you.

In the long run we are satisfied that the community reaps full benefit from the price exacted, for other local authorities have a legacy of the most intractable and frustrating problems.

For reasons which led the Council to combine Health and Welfare, the Health Committee have now combined the field work in mental health and other forms of welfare by the appointment of social and mental welfare officers. This arrangement already promises well.

In the hospital world we have seen, all too often, that a shortage of accommodation has the effect of making artificial distinctions between the psychiatric and the geriatric patient. Those whose need arises wholly from mental disturbance and those whose incapacity is almost completely physical are clearly to be recognised, but there is a large intermediate group whose requirements are not so easily classified.

Nor is this duality of need restricted to the elderly, for mental and emotional factors always operate most powerfully in all forms of long-standing incapacity or handicap. The prime need of the disabled is the acceptance of their disability and adjustment to their altered state. Unless the patient can achieve these the benefits of medical treatment, modification of his physical environment and re-training cannot be fully exploited, although these very measures can do much to alter the patient's outlook. It is therefore essential that those who deal with the handicapped should be fully aware of their psychological needs, and those whose concern is the mentally ill must command the sources of help which the community provides if these are to be adequately and economically deployed.

Mr. E. A. Beasant, M.B.E., F.I.S.W., Chief Welfare Officer, reports:

Part III Accommodation

The past year has followed the pattern which has now become familiar. Successful efforts to increase the record proportion of Part III beds provided by the Council appear to do little to relieve pressures or permit of developments desired by the Committee, and from time to time we are still faced with acute crises.

Your new homes continue to accept degrees of disability for which they were not designed and, as yet, there are no signs that this process is being arrested. The day when it can be reversed appears to be very far off indeed. In selecting residents for admission we still have to disregard some factors such as loneliness and the applicant's own wishes and firmly restrict it to serious physical and mental need. Nevertheless we have again been able to accommodate a number of short-term residents when the relatives who ordinarily care for them have themselves fallen ill or desired to take a well-earned holiday.

The policy of providing opportunities for promotion and training to selected members of your staff continues to pay worthwhile dividends and it is pleasant to report that senior posts in

your newly opened homes have been most satisfactorily filled in this way. The employment of part-time attendants has justified itself completely and in present circumstances it would appear likely to become a permanent feature.

The old can be difficult and even exasperating, at the same time they are comparatively defenceless and, with many, their experiences prior to admission have induced a fear of the consequences of attempting to assert their rights. Those who look after them day by day have a constant temptation to adopt authoritarian attitudes and it would be understandable if they were sometimes impatient.

Close contact with all your homes has only increased my respect and admiration for your staffs, whose patience and kindness are now recognised by residents and their relatives. If it be true that "there are no bad soldiers, only bad officers," the credit for this state of affairs must rest in the first instance with your senior staffs, to whom I would wish to pay a well-deserved tribute.

The interest of outside organisations in your work continues to grow and it is remarkable how the opening of a new home stimulates the neighbourhood to action. As one would expect, the churches take the lead in this work but other bodies are not far behind. It would be difficult to over-estimate the value of this outside interest. It reassures those residents who are capable of reflection that they are not cut off from the main stream of life, and often provides personal friendships for those without relatives or friends. Frequent visiting by both individuals and groups who perform useful services also provide a stimulus for the staff who, like other people, welcome an opportunity of showing off their work. Such contacts also make for the publicity which prevents abuse and leads to a wider understanding of what we are trying to do.

Connaught House

Improvement of the amenities here had been pressed as much as space and circumstances allowed. When the completion of Delaware House allowed of the transfer of some 20 residents from Connaught House, the opportunity of moving the men from Calvert and Taylor Wards to the more peripheral wards was taken, and from March of this year the whole of the Centre Block, which dates from the middle 1930's, was occupied by women. The advantages anticipated from this re-arrangement did, in fact, accrue.

Of late the main kitchen has been largely re-equipped and this year a start was made on the provision of hot closets in ward kitchens and electrically heated food trolleys further to improve the catering service. The modernisation of the laundry was also completed by the installation of a hydro-extractor. The importance

of the laundry and its efficient management can easily be overlooked. In all your homes, incontinence is a serious problem and requires a very large turnover of linen, for the laundering of which we require our own facilities.

We look forward to the completion of the new block which will allow of the demolition of St. Clements, now in its second century of life, to the new entrance, which will indeed give Connaught House a "new look" and to the central linen exchange which will greatly facilitate the custody of linen and its economical turnover.

New Homes

Whittingham House, the completion of which was delayed by atrocious weather and shortages of craftsmen, received as its first occupants 15 residents who were transferred from Connaught House on 31st January. Mrs. Ball, formerly deputy matron of Pantile House, was appointed matron and her husband, who had done a good deal of voluntary work at the home, displaying a considerable aptitude, became second assistant charge attendant. Thereafter the home was rapidly filled.

Delaware House was opened on 28th December, 1961. Mrs. Povah, formerly night superintendent at Connaught House, being promoted matron. In this instance also, building delays had thwarted our plans to bring it into use and Mrs. Povah occupied, in circumstances of some difficulty, the staff quarters as soon as they were barely habitable.

To have accepted residents three days after Christmas Day is ample demonstration of our urgent need of this accommodation. The first residents in this home were twelve women and eight men transferred from Connaught House.

Whenever additional beds are brought into use every person in any way suitable for transfer from Connaught House is given the opportunity of making the change even though in some instances there is justified doubt as to their ability to adjust to the move. It is significant that some refuse to be disturbed from Connaught House, a rejoinder to those who consider that the days of the large institution are over and do not appreciate that, for certain types of resident, these buildings can be made sufficient to their needs.

Both new homes are basically similar in design and lay-out; we are particularly gratified with the enlarged and modified kitchens which work exceedingly well, and we acknowledge gratefully the useful suggestions which were made by the Ministry's officers when the plans were under discussion.

It is not sufficient properly to provide for the bodily comfort and wellbeing of the old, especially those whom you receive into your Part III accommodation because, by very definition, they are

those who are "in need of care and attention which is not otherwise available to them." As they suffer from a variety of disabilities their movements and activities are restricted. Ageing involves essentially the narrowing of an individual's interest and his relationships with other people.

It is the constant endeavour of your staff to encourage the activity, mental and physical, of the residents in their care and to assist them, if not to overcome, at least to limit the effect of the disabilities under which they labour.

Aiming as we do at active rather than passive participation, occupational therapy and handicraft are encouraged and most homes now stage a residents' sale of work which is a useful incentive and, as the proceeds are devoted to the general welfare of the group, it is also a desirable opportunity for self-help.

The television sets, provided on a generous scale, are scarcely ever foresaken, save at meal times. The supply of newspapers and periodicals, though not lavish, is basically adequate, and from time to time film shows given by the Toc H Film Unit, occasional talks by knowledgeable amateurs and a well maintained schedule of religious services sustain interest.

In addition to an occasional organised outing, private goodwill generously offers what is sufficient for the depleted energies which remain to most residents.

Once again, we record our grateful thanks to the many voluntary bodies and individuals who do so much for the residents in our Homes, particularly Toc H for the regular film shows at all the Homes, maintenance of the library and running of the trolley shop at Connaught House, for many outings and the use of the Toc H coach; the outings and entertainments provided by the hospital Ladies Working Party, the Inner Wheel, and the Rochford and Shoebury branches of the British Legion. We are fortunate that Mr. Jones, the Superintendent of Connaught House, is himself a very active member of Toc H and therefore able to bring the needs of the residents to the notice of the members. Our thanks also to the clergy of all denominations who associate themselves with the Homes and attend to the spiritual needs of the residents - a service appreciated by both residents and staff.

Residential accommodation is provided by the Authority in their own homes at Connaught House (298 beds), Crowstone House (56 beds), Pantile House (60 beds), Whittingham House (60 beds) and Delaware House (60 beds). There is also a wide variety of voluntary homes with which the Authority have made arrangements under Section 26 of the Act, where 127 beds were occupied by Southend residents

at the end of the year. As will be seen from the following tables, on 31st December 1961, there were 625 Part III residents compared with 571 in the previous year.

Accommodation provided pursuant to Part III of the
National Assistance Act, 1948

Accommodated in	Persons resident on:										
	5.7. 1948	1.1. 1953	1.1. 1954	1.1. 1955	1.1. 1956	31.12. 1956	31.12. 1957	31.12. 1958	31.12. 1959	31.12. 1960	31.12. 1961
Connaught House (Borough cases only)	213	288	282	293	314	330	327	327	328	323	291
Crowstone House	-	-	47	54	56	55	54	57	55	58	52
Pantile House	-	-	-	-	-	-	40	61	60	62	58
Whittingham House	-	-	-	-	-	-	-	-	-	-	60
Delaware House	-	-	-	-	-	-	-	-	-	-	19
Other Local Authorities Homes	25	20	15	17	15	15	15	18	17	16	18
Voluntary Homes under Section 26	2	43	53	63	71	75	84	100	100	100	113
Homes for Epileptics	3	4	4	4	4	4	4	4	3	3	3
Homes and Hostels for the Blind	13	2	1	2	1	2	2	2	2	9	11
Mental After-Care Homes	5	1	1	1	2	1	1	-	-	-	-
TOTALS:	261	358	403	434	463	482	527	569	565	571	625

Persons maintained by Local Authority in
Part III Accommodation during 1961

Accommodation provided in	Resident on 1.1.61		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.61	
	M	F	M	F	M	F	M	F	M	F
HOMES OF LOCAL AUTHORITY:										
Connaught House, Rochford	100	224	69	196	80	134	14	70	75	216
Crowstone House, Westcliff	-	58	-	9	-	10	-	5	-	52
Pantile House, Southend-on-Sea.	25	37	9	17	8	12	4	6	22	36
Whittingham House Southend-on-Sea	-	-	34	39	2	5	3	3	29	31
Delaware House Shoeburyness	-	-	8	12	-	1	-	-	8	11
HOMES OF OTHER LOCAL AUTHORITIES:										
County Borough of Barnsley	-	1	-	-	-	1	-	-	-	-
Essex County Council	-	4	1	-	-	-	1	1	-	3
Kesteven County Council	3	-	-	-	-	-	-	-	3	-
London County Council	1	1	2	4	1	1	-	-	2	4
Norfolk County Council	-	3	-	-	-	-	-	-	-	3
Surrey County Council	-	1	-	-	-	1	-	-	-	-
Isle of Ely County County	-	-	-	1	-	-	-	-	-	1

Worcestershire County Council	-	1	-	-	-	-	-	-	-	1
Berkshire County Council	1	-	-	-	-	-	-	-	1	-
HOME FOR EPILEPTICS	-	3	-	-	-	-	-	-	-	3
HOMES AND HOSTELS FOR THE BLIND	1	8	1	3	-	1	-	1	2	9
VOLUNTARY HOMES UNDER SECTION 26:										
Chaltonholme, Westcliff	-	-	2	9	-	-	-	-	2	9
Anchorage Home, Newport, I. of Wight	1	-	-	-	-	-	-	-	1	-
Sandringham, Westcliff	5	18	2	2	2	2	-	2	5	16
Dowsetholme, Southend	-	8	-	1	-	1	-	-	-	8
St. Martin's, Westcliff	-	16	-	1	-	1	-	1	-	15
Millfield, Prittlewell	-	4	-	1	-	-	-	-	-	5
St. Edith's, Leigh	-	4	-	-	-	1	-	-	-	3
Cripplecraft, Herne Bay	-	1	-	-	-	-	-	-	-	1
Eastwood Lodge, Eastwood	-	1	-	-	-	-	-	-	-	1
Beecholme Home for the Deaf, Felixstowe	-	1	-	-	-	1	-	-	-	-
Home and Hospital for Jewish Incurables, London, N. 15	-	2	1	1	-	-	1	-	-	3
Davis Lewis Colony, Warford	-	-	1	-	-	-	-	-	1	-
Home for Aged Jews, London, S. W. 12	3	6	1	3	1	-	2	-	1	9
British Home and Hospital for Incurables, London, S. W. 16	1	-	-	-	-	-	-	-	1	-
Royal Hospital and Home for Incurables, London, S. W. 15	-	1	-	-	-	-	-	-	-	1
Ripon Lodge, London, S. E. 5	1	-	-	-	-	1	-	-	-	-
Nazareth House, Southend	3	10	4	7	2	4	3	-	2	13
St. Katharine's Convent Parmoor	-	1	-	-	-	-	-	-	-	1
Alexandra House, Dovercourt	-	-	-	1	-	-	-	-	-	1
Winsford House, Clacton	-	1	-	-	-	-	-	-	-	1
Cotswold Cheshire Home, Cheltenham	-	1	-	-	-	-	-	-	-	1
Cheshire Foundation Home, Copthorne	-	1	-	-	-	-	-	-	-	1
Hannah House, Hove	1	-	-	1	-	-	1	-	-	1
"The Dell" Rest Home, Oulton Broad	1	-	-	-	-	-	-	-	1	-
Ferrier Memorial Home, Westcliff	-	2	-	1	-	-	-	-	-	3
Home for Aged Seamen, Belvedere	1	-	-	-	-	-	-	-	1	-
Moorland House, Hathersage	-	1	-	-	-	-	-	-	-	1
"Rokefield", Westcôtt	1	-	-	-	-	-	1	-	-	-
Elim Eventide Home, Eastbourne	-	1	-	-	-	1	-	-	-	-
West Ham Central Mission, London, E. 13	-	2	-	-	-	-	-	-	-	2
Cliff Dene, Tankerton	-	1	-	-	-	-	-	-	-	1
Netherfield House, Ware	-	-	1	-	-	-	-	-	1	-

CONNAUGHT HOUSE

The age groups of residents on the 31st December, 1961, were as follows:-

	Males	Females	Total
Under 60	3	6	9
60 - 69	9	24	33
70 - 79	20	59	79
80 - 89	35	110	145
90 and over	<u>8</u>	<u>17</u>	<u>25</u>
	<u>75</u>	<u>216</u>	<u>291</u>

CROWSTONE HOUSE

During the year a total of 9 residents was admitted, 1 on transfer from Connaught House and 8 from their own homes.

A total of 15 was discharged as follows:-

To Southend General Hospital	1
To Whittingham House	1
To Connaught House, Rochford	4
To General Hospital, Rochford	4
Died in Crowstone House	5

so that on the 31st December, 52 were in residence, their ages being as under:-

Under 70	70 - 79	80 - 89	90 and over
5	18	25	4

PANTILE HOUSE

Resident on 1.1.61	...	Males	25
		Females	37
Admitted during year	...	Males	9
		Females	17
Discharged during year	...	Males	8
		Females	12
Died during year	...	Males	4
		Females	6
Remaining on 31.12.61	...	Males	22
		Females	36

During the year a total of 26 residents was admitted, 10 on transfer from Connaught House, 14, from their own homes and 2 from Westcliff Hospital.

A total of 30 was discharged, as follows:-

To Connaught House, Rochford	3
Died in Pantile House	10
To Southend General Hospital (Died)	3
To Whittingham House	8
To home addresses	4
To Rochford Hospital	2

so that on the 31st December, 22 men and 36 women were in residence, their ages being as under:-

Under 70	...	6
70 - 79	...	11
80 - 89	...	35
90 and over	...	<u>6</u>
		<u>58</u>

WHITTINGHAM HOUSE

Opened for reception of residents on 31st January, 1961.

	Males	Females	Total
Admitted from Connaught House	23	15	38
" " Pantile House	3	5	8
" " Crowstone House	-	1	1
" " Westcliff Hospital	1	1	2
" " Rochford Hospital	-	1	1
" " Southend General Hospital	1	-	1
" " Home addresses	6	16	22
	<u>34</u>	<u>39</u>	<u>73</u>
Discharged to home addresses	2	3	5
" " Connaught House	-	2	2
Died in Whittingham House	3	3	6
Resident on 31st December, 1961	29	31	60

Age Groups of Residents:-

Under 65	65-69	70-79	80-89	90 and over	Total
1	4	16	33	6	60

DELAWARE HOUSE

Opened for reception of resident on 28th December, 1961.

	Males	Females	Total
Admitted during the year from Connaught House	8	12	20
Discharged, to Connaught House	-	1	1
Resident on 31st December, 1961	<u>8</u>	<u>11</u>	<u>19</u>

Age Groups of Residents

Under 65	65-69	70-79	80-89	90 and over	Total
-	1	7	10	1	19

Temporary Accommodation

During the year, 30 cases were investigated, and in 13 of these temporary accommodation was provided at Connaught House as under:-

	No. of cases	Length of stay
Individual men	2	1 for 1 night 1 for 33 days
Individual women	4	1 for 1 night 2 for 3 nights 1 for 5 days
Mother and 2 children	5	3 for 1 night 1 for 3 nights 1 for 4 nights
Mother and 1 child	1	2 nights
Mother and 3 Children	1	1 night

BLIND WELFARE

The Southend-on-Sea Blind Welfare Organisation continued adequately to cater for the social needs of the blind, and the Residential Home and Social Club operated by the Organisation in Imperial Avenue enjoyed a successful year. With the social amenities in such safe hands, the Local Authority can limit itself to its statutory obligations.

Mrs.Dobbs, one of the Home Teachers to the blind, resigned her appointment on 19th November, 1961 on appointment to a similar post in Essex and had not been replaced by the end of the year.

Wireless

The British Wireless for the Blind Fund supplied 12 new wireless sets during the year.

Registration

Register of the Blind	Males	Females	Total
Number on Register 1.1.61	165	294	459
Left Borough during year	5	5	10
Died during year	23	36	59
Transfers in from other areas	9	8	17
Newly registered during the year	16	39	55
De-certified during the year	-	1	1
On Register 31.12.61	162	299	461
In Homes for the Blind	2	9	11
In other Homes including Part III	8	43	51
In Hospitals for Mentally Sub-normal	1	2	3
In Hospitals for the Mentally Ill	-	1	1

Register of Partially Sighted			
Number on Register 31.12.61	32	66	98

Age Periods of Registered Blind Persons

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Un-known	Total
les	-	-	1	-	1	1	2	1	2	5	16	10	13	16	56	14	18	6	-	162
males	-	-	-	-	-	4	2	2	1	5	8	22	13	26	81	66	42	27	-	299
tal	-	-	1	-	1	5	4	3	3	10	24	32	26	42	137	80	60	33	-	461

Age at onset of Blindness

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Un-known	Total
les	14	-	-	-	2	1	3	6	12	7	14	19	14	17	35	11	6	1	-	162
males	18	1	1	-	1	8	1	3	6	6	18	31	20	31	85	43	23	3	-	299
tal	32	1	1	-	3	9	4	9	18	13	32	50	34	48	120	54	29	4	-	461

Cases newly registered during year

Forms B.D.8 were received in respect of the following:-

	Males	Females	Total
Certified blind ...	16	39	55
Certified partially-sighted	4	13	17
Certified not blind or partially-sighted	-	-	-
	<u>20</u>	<u>52</u>	<u>72</u>

Persons whose names were entered on the register of the blind during 1961 were aged:-

0	1	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Total
-	1	1	2	2	1	7	15	15	10	1	55

Causes of Blindness

- (i) Primary Cataract. Total 5
 - (a) Suitable for surgical treatment.
Ages 86, 82, 83, 82.
 - (b) Not suitable for surgical treatment.
Age 44
- (ii) Primary Glaucoma. Total 5
Ages 59, 69, 70, 81, 82
- (iii) Diabetes. Total 4
Ages 68, 74, 75, 84
- (iv) Senile Macular Degeneration. Total 24
Ages 79, 86, 84, 80, 89, 82, 77, 92, 89, 88, 72, 74, 86, 82, 77, 86, 84, 85, 69, 85, 88, 88, 73, 78
- (v) Retina Defects. Total 5.
Ages 78, 63, 76, 65, 65
- (vi) Thrombosis. Total 3.
Ages 76, 81, 80.
- (vii) Cerebral haemorrhage, 1 aged 59.
- (viii) Arteriosclerotic optic atrophy. Total 3.
Ages 45, 77, 83.
- (ix) Kerato-iritis. 1 aged 85
- (x) Temporal Arteritis. 1 aged 79.
- (xi) Congenital syphilis. 1 aged 40.
- (xii) Cerebral anoxia. 1 aged 68
- (xiii) Not known - suggestive of Toxoplasmosis. 1 aged 2.

Partially Sighted

Persons whose names were entered during 1961 in the register of the partially sighted were aged:-

Under 16	50-64	65 and over	Total
1	4	12	17

Follow-up of Registered Blind and Partially Sighted Persons

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(1) Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends:-				
(a) No treatment	2	1	-	41
(b) Treatment (medical, surgical or optical)	11	5	-	11
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment.	8	5	-	10

Ophthalmia Neonatorum

No injury to vision resulted from this cause.

Work of the Home Teachers

A total of 2248 visits was made to blind persons in their homes, during which 108 lessons in embossed type and 18 lessons in handicrafts were given.

Handicraft classes met weekly, instruction being given in chair-caning, weaving, netting, string-bag making, basket making and other crafts.

Home Workers

At the end of the year there were 5 home workers in receipt of augmentation of wages, 3 engaged in basket making, 1 in circular machine knitting and 1 in shopkeeping.

Periodicals

Periodicals in Braille and Moon type continued to be supplied free of charge to local blind readers, whilst many of them continued to avail themselves of the library facilities afforded by the National Library for the Blind, to which the Local Authority makes an annual grant.

Use of Deck Chairs on Promenade and Cliffs

Passes were issued to 309 blind people by the Council's Entertainments Committee, enabling them to use deck chairs on the promenades and cliffs - a privilege much appreciated.

Transport Passes

Renewal transport passes were issued by the Joint Transport Undertaking to 111 registered blind persons who had previously been accorded this privilege. We are grateful to the Undertaking for this continued concession.

Meals on Wheels

The year 1961 was for this service, which is run by the Women's Voluntary Service, one largely of consolidation, although during the year the number of meals provided increased from 75 to 85 per day on four days per week. Meals continued to be supplied from the Education Committee's school meals kitchen at Temple Sutton School during term and from Connaught House during school holidays. Our congratulations and thanks are again extended to the Organiser and members of the W.V.S. for the sustained effort and efficient organisation which has put this scheme on such a firm footing. The obvious benefits to sick and aged people in their own homes require no comment, and inspired the W.V.S. to further efforts; at the time of writing considerable further expansions of the service have already taken place.

In respect of the year ended 31st March, 1962, the Council made a total grant of £375, made up as follows:-

Deficit on 17,680 meals at 2d. being the difference between the purchase price and the charge to recipients	...	£147. 6s. 8d.
Hire of part of transport from Car Pool	...	£120. 0s. 0d.
Cleaning and heating materials	...	£60. 0s. 0d.
Replacement of equipment	...	£30. 0s. 0d.
Contingencies	...	£17. 13s. 4d.

Handicapped Persons - General Classes

At the end of the year the register of handicapped persons had grown to 148 compared with 100 at the 31st December, 1960, a small increase which would have been considerably larger had adequate staff been available, but the work accomplished on this particular scheme during 1961 will, I hope, be viewed by the Committee with some satisfaction as in February, 1961 the Southend-on-Sea Social Club for the Physically Handicapped came into being. In my last report I promised further information following the exploratory meeting between the Council's officers and representatives of Voluntary Organisations in the town and from the date of this first meeting less than three months elapsed before the first meeting of the Club

at the Junior Training Centre in Southchurch Road. The Club is registered as a War Charity and under the National Assistance Act, 1948; well over 90% of its members need transport and this is provided on a completely voluntary basis by Toc H, British Red Cross and St. John's ambulances and by private transport from Rotary and Round Table; the Club meets every Monday evening from 7.30 p.m. - 9.30 p.m. when entertainment is provided by way of talks, film shows, games etc. and there is a thriving Occupational Therapy class attended by about 30 members.

The difference that this weekly outing has made to many of the handicapped people in the town is remarkable; in many cases they were previously denied the opportunity of companionship and were forced to live virtually in isolation. Perhaps the main complaint of club members will illustrate their appreciation of the facilities provided - "why is there only one Monday each week?"

This is a fine example of co-operation between the statutory and voluntary bodies in bringing into effect a service urgently required and a necessary supplement to the Council's scheme.

Practical assistance was provided in the home by way of structural adaptations in 30 cases at a total cost of £449.19s.6d. and by the loan of aids and equipment, whilst 13 handicapped persons were assisted financially to participate in the holiday scheme organised by the Essex Association for the Physically Handicapped. We record with pleasure the assistance received from the Housing Committee in rehousing severely disabled people in properties requiring the minimum adaptation.

To give an idea of the complexity of the problem a classification table is given below covering total registrations to the end of the year.

No. of Handicapped Persons on Register on 31.12.61 - 148

<i>Disability</i>	<i>Male</i>	<i>Female</i>
Amputation	8	7
Arthritis and Rheumatism	8	22
Congenital Malformations and Deformities	-	9
Diseases of the Digestive and Genito-Urinary Systems: of the Heart or Circulatory System, Respiratory system and of the skin	5	1
Injuries of the Head, Face, Neck, Thorax, Abdomen, Pelvis or Trunk, Injuries or diseases of the Upper and Lower Limbs and of the Spine	7	2
Organic Nervous Diseases, Epilepsy, Disseminated Sclerosis, Poliomyelitis, Hemiplegia, Sciatica etc.	25	44
Neuroses, Psychoses and other Nervous and Mental disorders not included above	1	1
Tuberculosis (Respiratory)	1	-
Tuberculosis (Non-Respiratory)	1	2
Diseases and Injuries not specified above	3	1
<i>Totals</i>	<u>59</u>	<u>89</u>

Car Badges for Disabled Drivers

In 1961, the Ministry inaugurated a scheme for Car Badges for Disabled Drivers and whilst this scheme was for identification purposes only, the Council decided that it should supersede the scheme administered by the Council which provided for disabled persons free parking in car parks and to include free parking at meters when these were brought into operation. At the end of the year 41 badges had been issued.

To sum up the year, I would say that it has possibly been the most important period since the inception of the Council's scheme under Section 29 of the Act, and with the tremendous support which has been given so generously from the voluntary organisations and the pattern of co-operation which has emerged it would seem that the future development of this Scheme can be contemplated with some pleasure.

The Hard of Hearing

The Southend-on-Sea Hard of Hearing Group continued to meet weekly at the Liberal Hall, Clarence Road.

Section 37, Registration of Disabled Persons' or Old Persons' Homes

Registered at 31.12.61		
Homes for Old People	No.	No. of Beds
Voluntary	5	177
Private	† 26	200
Homes for Old and Disabled Persons		
Voluntary	2	44
Private	* 9	112
Homes registered under Southend-on-Sea Corporation Act, 1947, Section 144	4	33

† 1 Home also registered under Southend-on-Sea Corporation Act

* 1 Home also registered under Southend-on-Sea Corporation Act

Section 47, Removal of Persons in Need of Care and Protection

This Section empowers the removal of persons "suffering from grave chronic disease" or who "being aged, infirm or physically incapacitated are living in insanitary conditions" and, under proper safeguards, their detention in hospitals or other suitable institutions.

It was not necessary to take any formal action under this Section during the year.

Section 48, Temporary Protection for Property of Persons Admitted to Hospitals and Other Institutions

Under this Section of the Act, the Local Authority have a duty to protect the movable property of any person admitted to hospital or Part III accommodation if it appears to them that there is danger of loss of or damage to such property and that no other suitable arrangements have been made. 39 such cases came to the notice of the department during the year, involving 53 visits.

ERNEST A. BEASANT

Chief Welfare Officer.



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ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1961

WELFARE AND SPECIAL SERVICES SUB COMMITTEE OF THE EDUCATION COMMITTEE

Chairman:

Councillor O.A. Moss, F.H.A.

Vice-Chairman:

Mr. D.A. Smith, F.R.E.S., F.Z.S.

Ex-Officio:

Chairman of Education Committee

Alderman A.V. Mussett

Vice-Chairman of Education Committee

Mr. W.A. Waller, B.Com., F.C.A., J.P.

Chairman of Maternity and Child Welfare Committee

Councillor Mrs. M. Bullock

Councillor Mrs. J.F. Wilkinson

Councillor T.J. Culleton, M.B.E.

Councillor E.H. Priestley, B.Sc., A.M.I.E.E.

Councillor M.A. King

Mr. E.S. Bowyer

Mrs. B. Copeland, J.P.

Reverend Canon J.A. Stanley, A.K.C.

Reverend J.F. Watson

STAFF OF THE SCHOOL HEALTH SERVICE

A. WHOLE-TIME OFFICERS

Principal School Medical Officer:

J. Stevenson Logan, M.B., Ch.B., D.P.H.

Deputy Principal School Medical Officer:

J. Conway Preston, M.R.C.S., L.R.C.P., D.P.H.

School Medical Officers:

John Greenhalgh, M.B., B.S., M.R.C.S., L.R.C.P., D.A.

Dorothy Irene Klein, M.B., Ch.B., D. Obst. R.C.O.G. (resigned 31.8.61)

Marion Harrison, M.B., B.S., D.P.H. (resigned 12.11.61)

Mavis Gloria Spencer Read, M.B., B.S. (resigned 17.6.61)

Principal School Dental Officer:

Edgar C. Austen, L.D.S., R.C.S. (Eng.)

Superintendent Health Visitor:

Miss Edith Roberts

Health Visitors and School Nurses:

Miss M.N. Withams

Miss D.E. Stevens

Mrs. U. MacGrath

Mrs. A.M. Hart

Miss F.L. Blackburn

Mrs. J.M. Buck

Miss M. Brennan

Miss J.M. Gaillard

Miss K. Noonan

Mrs. L.W. Williams

Miss P.M. Reeves

Miss M.M. Braum

Miss M.K.V.A. Bernas, appointed from training 11.4.61.

Miss B.E.H. Hobbs, appointed from training 31.7.61.

Student Health Visitor under Training:

Miss G.M. Simpson,, appointed 2.10.61.

Part-time Health Visitor:

Mrs. W.M. Sutherland, appointed 20.2.61.

School Clinic Nurse:

Miss D.L. Willis

Senior Educational Psychologist:

Thomas Doyle, B.Sc., Ed.B., A.B.Ps.S.

Assistant Educational Psychologist:

Miss A. Sassoon, B.A., resigned 20.10.61.

Psychiatric Social Worker:

Miss D.L. Freeman-Browne, resigned 13.8.61.

School Clinic Attendant:

Miss P. Thurman, resigned 24.6.61.

Miss C. Johnston, appointed 17.7.61.

Dental Attendant:

Mrs. D. Arter

Administrative Assistant:

Miss A.M. Roberts

Clerks:

Miss C. Moore, appointed 26.6.61, resigned 31.12.61.
Mrs. B. Whiting
Mrs. E. Steel, resigned 23.6.61.
Mrs. P. Marshall
Miss B.A. Brooker
Miss M. Braybrook, appointed 18.12.61.
Miss J.E. Nash

B. PART-TIME OFFICERS

Psychiatrist:

H. Bevan Jones, M.R.C.S., L.R.C.P., D.P.M.

Dental Officer:

N.D. Wine, B.D.S., L.D.S., R.C.S., appointed 4.4.61.

Dental Attendant:

Mrs. J. Marsh, appointed 28.3.61.

Speech Therapist:

Miss A. Power, L.C.S.T.

Physiotherapist at Open Air School:

Mrs. J. Pankhurst, M.C.S.P., appointed 20.2.61.

Municipal Health Centre,
Warrior Square,
Southend-on-Sea.

Telephone: Southend 49451

ANNUAL REPORT

This report for 1961, like so many of its predecessors, is by the hand of my Deputy, who continues to provide leadership and impetus to the School Health Service.

I acknowledge gratefully the continued confidence of the Committee, the willing co-operation of its officers and teaching staff, and the loyalty of all those who have any part in your School Health Service.

J. Lumsden Holman.

PRINCIPAL SCHOOL MEDICAL OFFICER

STAFF

Dr. M. Read, temporary assistant medical officer during the absence on special leave of Dr. D. Klein, was unable to continue beyond the end of June. Dr. Klein rejoined the staff in July, having obtained the Diploma in Audiology at Manchester University, but left at the end of September to take up a whole-time appointment in that specialty. The other whole-time woman medical officer, Dr. M. Harrison, resigned at the beginning of November; the resultant vacancies remained unfilled for many months. For short periods during the autumn term Drs. P. M. Fleury and J. McLean were temporarily employed, and in November Dr. Read returned for two sessions a week and Dr. M. B. Thumpston undertook three sessions a week.

Miss A. Sassoon, educational psychologist, left in October, and Mr. T. Doyle, the senior psychologist, in January 1962. Miss D. L. Freeman-Browne, who had occupied the post of psychiatric social worker ever since the creation of the Child Guidance Clinic, retired in August, and this post was unfilled at the end of the year.

The establishment of health visitors and school nurses remained under strength until two student health visitors completed their training, Miss M. K. V. A. Bernas in April and Miss B. E. H. Hobbs in July. In February Mrs. W. M. Sutherland was appointed as a part-time health visitor and an additional student health visitor, Miss G. M. Simpson, commenced training in October.

The school clinic attendant, Miss P. Thurman, resigned in June and was replaced in July by Miss C. Johnston.

In April the school dental staff was augmented by the appointment of Mr. N. D. Wine as part-time school dental officer for five sessions a week, and Mrs. J. Marsh became additional dental attendant.

The post of part-time physiotherapist at the Open Air School, which had been vacant since May, 1960, was filled in February by the appointment of Mrs. J. Pankhurst.

There were several changes in the clerical staff of the section. Mrs. E. Steel, who resigned in June, was succeeded by Miss C. Moore. She resigned at the end of December and Miss M. Braybrook was appointed in her place.

It will be seen from the foregoing account that this has been an unusually difficult year, and the shortage of medical and other technical officers has seriously curtailed the established activities of the department and prevented further developments.

PERIODIC MEDICAL AND DENTAL INSPECTIONS

Notwithstanding the staff shortages referred to above, 5807 routine medical inspections were carried out compared with 4479 in the previous year. A greater number of examinations was possible because of less diversion of effort on special projects, such as tuberculin surveys, and the fact that in 1960 the B.C.G. vaccination programme had to be extended throughout the three school terms in order to overcome arrears from the previous year.

The general nutritional state of the children as assessed at school medical inspections remains good, and in fact, at routine medical inspections no child was this year adjudged unsatisfactory.

Children attending the Open Air School are examined much more frequently and included in the statistics of "special" inspections, where the assessment of general physical condition is not recorded statistically.

For the first time for some years a second dental officer was available for a substantial part of the year, and routine dental inspections increased from 3585 to 6075.

PROVISION OF MILK AND MEALS

The School Meals Service now provides up to 13,000 meals a day, and during the year 48 per cent of primary school children and 41 per cent of secondary pupils received school dinners.

New kitchen dining room units were provided at Chalkwell Schools, which had previously received container meals, and at Bournemouth Park Road, to replace the kitchen located in a temporary classroom building. There are now only three schools which receive meals transported in heated containers from central kitchens, namely, Hamlet Court, Prittlewell and St.Helen's Schools.

In addition, however, the service provides container meals to three independent schools, to the Health Committee's Junior Training Centre, and to the "Meals on Wheels" service for elderly persons.

All milk supplied to the schools is pasteurised. Acceptance of milk in the primary schools is very satisfactory, over 90 per cent in the Infant Departments, slightly less in the Junior. In the secondary schools, however, it is rather disappointing, particularly in the girls' schools, in one of which the rate was under 25 per cent. Here milk is refused because it is considered "fattening". This concern for appearance goes ill with the unkempt hair, shapeless sweaters and unspeakable footwear affected by many still at school.

No outbreak of illness which could be attributed to school

meals occurred. The staff are encouraged to report promptly the occurrence of infectious or intestinal illnesses in themselves or their families, and they have shown a commendable sense of responsibility in doing so.

In June the arrangements for the supply of "welfare foods" through local health authorities were altered, the token system being abolished and these dietary supplements becoming available for purchase at cost price. Administrative Memorandum 15/61 notified local education authorities of the application of this scheme to children under five years and one month, who are in attendance at school. For the future, education authorities will buy cod liver oil and orange juice and recover the cost from the parents if they so wish. The maximum amounts recommended for each child were six ounces each twelve and four weeks respectively.

While applying these arrangements at the two nursery classes at the Open Air School and Fournemouth Park School, the Committee decided to make no charge to parents.

ARRANGEMENTS FOR TREATMENT

1. GENERAL

A. School Clinics

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Afternoons at 2.15 p.m. Monday to Friday
throughout the year.

No. 70 Burnham Road, Leigh-on-Sea.

Wednesday afternoon at 2.45 p.m.

Council Offices, High Street, Shoeburyness.

Thursday afternoon at 2.15 p.m. throughout the year.

Eastwood High School, Rayleigh Road, Eastwood.

Monday afternoon at 2.15 p.m. during term-time only.

B. Minor Ailment Treatment Centre

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Mornings from 9.0 a.m. Monday to Saturday throughout
the year. (Treatment by School Clinic Nurse).

C. Dental Clinic

Municipal Health Centre, Warrior Square, Southend-on-Sea.

One Surgery open for 11 sessions weekly throughout the
year. A second Surgery was open for 5 sessions weekly
from 4.4.61.

No. 70 Burnham Road, Leigh-on-Sea.

Owing to staff shortage, this Clinic was not open
during the year.

D. Eye Clinic

Regional Hospital Board Clinic held on Local Authority premises.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Thursday afternoon at 2.15 p.m. throughout the year.

E. Orthoptic Clinic

Regional Hospital Board Clinic held on Local Authority premises.
Municipal Health Centre, Warrior Square, Southend-on-Sea.

Four sessions weekly - Monday morning, Thursday morning and
Friday morning and afternoon until 17.7.61.

F. Child Guidance Clinic

Psychiatrist provided by Regional Hospital Board.
Premises and ancillary staff provided by Local Authority.

No.20 Warrior Square, Southend-on-Sea.

The Clinic works on an appointments system. The psychiatrist
attends on 4 sessions a week, on Monday and Friday
throughout the year.

G. Speech Therapy Clinic

No.20 Warrior Square, Southend-on-Sea.

The Clinic works on an appointments system. The Speech
Therapist attends daily, mornings and afternoons, except
Tuesday afternoon (and evening) and Wednesday morning,
when she is engaged on work for the Hospital Management
Committee, on Thursday morning when she attends the Day
Open Air School and on Thursday afternoon at St.Christopher's.
The time-table is subject to variation when the Therapist
has to visit schools to interview head teachers.

The only alteration in clinic services was the opening of a
second dental surgery from April onwards.

The provision of a combined treatment centre at Kent Elms
Corner is still in the planning stage and it was therefore
necessary to continue the weekly branch clinic at Eastwood High
School for Boys, to the disadvantages of which reference was made
last year.

2. MALNUTRITION

Clinical evidence of malnutrition remains a rarity, except
where it is accounted for by specific physical illness. The
proportion of children receiving free meals is about eight per cent.
of the total meals served.

3. MINOR AILMENTS

The inspection clinic and minor ailment treatment centre at the
Municipal Health Centre was open daily as usual, and the additional
inspection clinics at Shoeburyness, Leigh and Eastwood were
continued weekly.

Attendances at inspection clinics numbered 4202 compared with
5088 last year, and at treatment clinics 1376 as against 1490. These
totals have tended to fall in recent years. Fewer attendances for
treatment are no doubt due in part to the shortened duration of
treatment resulting from therapeutic advances, while both figures
reflect the continued decline in skin conditions such as impetigo
and scabies.

The extent to which treatment, formerly sought through the clinics, is now being obtained from general practitioners is conjectural, but it must be significant, because in the past many parents would not pay for a private doctor for conditions they regarded as trivial.

So long as children receive treatment promptly, the source from which they obtain it is immaterial. The School Health Service came into being as a preventive service; its "treatment" functions were largely thrust upon it because other sources were lacking and it was logical to ensure that a child was fit to benefit from the education which the state compelled him to receive. It should occasion satisfaction rather than regret if our work is now becoming more preventive in character.

4. UNCLEANLINESS AND VERMINOUS CONDITIONS

The school nurses inspected 37,385 individual children and found 71 infestations. The comparable totals for the previous year were 48,942 and 81 respectively. We aim to inspect all school children in the primary schools, and some in the secondary during each term. The decline in the total of inspections is a consequence of staff shortages, illness, and other heavy demands on their services.

The general standard of cleanliness remains commendably high, and cases of infestation have invariably been remedied by informal procedure, without recourse to statutory action under Section 54 of the Education Act. The notices sent to parents, drawing their attention to verminous conditions, have been revised to bring them more in accordance with present day attitudes, with emphasis on co-operation rather than compulsion.

5. CONVALESCENT TREATMENT

Five children were provided with convalescent treatment without charge, on medical recommendation. The small extent to which this service is used is, in part, accounted for by the fact that convalescence involving medical or nursing care as a continuation of hospital treatment, is provided under the National Health Service.

6. DENTAL TREATMENT

Mr. E.C. Austen, principal school dental officer, writes:-

"At the commencement of 1961 the dental staff remained at one full time officer. However, on 3rd April, Mr. Wine took up duties as part-time dental officer for 5 sessions per week. The effect of this is shown in the rise of periodic dental inspections from 3,585 in 1960 to 6,075 in 1961. One significant fact arises from this increase of inspections at schools, namely, that the volume of conservative treatment undertaken for children by practitioners

under the National Health Service increases year by year.

It is pleasing to report that with the additional staff, there was a rise of conservation work undertaken by the authority's dental service; 2,680 fillings were inserted in 1961 as against 1,591 in 1960.

The orthodontic consultant is now fully established at the Southend General Hospital and is advising general practitioners in this form of treatment. Consequently, they are undertaking a greater number of cases under National Health Service arrangements. This is reflected in the decline of new cases commenced by the authority's dental service. However, 50 new cases were commenced during the year. Thirty-four children were provided with artificial dentures and six with jacket crowns.

Dental treatment undertaken on behalf of the maternity and child welfare service was again restricted to the equivalent of 25 sessions.

7. EYE DISEASES AND DEFECTIVE VISION

The weekly refraction clinic at the Municipal Health Centre, which supplements the children's ophthalmic service at Southend General Hospital, was held as usual, and 579 children made 1,041 attendances.

8. ORTHOPTIC CLINIC

The orthoptist is employed by the Hospital Management Committee and works partly in the school clinic and partly in the hospital. The service was again interrupted by shortage of staff. During the year 177 children were treated at the school clinic, and a further 93 at the hospital.

9. DISEASES OF THE EAR, NOSE AND THROAT

The number of children who received operative treatment for adenoids and chronic tonsillitis was 324, compared with 327 last year.

Six children are known to have been provided with hearing aids during 1961; three of these were commercial aids purchased by the Education Committee on the recommendation of the consultant audiologist at the Royal National Throat, Nose and Ear Hospital, Gray's Inn Road.

The importance of naturally acquired speech in the education of children with impaired hearing, which has long been recognised, is now tacitly acknowledged in the definitions of "deaf" and "partially deaf" pupils (Handicapped Pupils and Special School Regulations, 1959). Improvements in ascertainment, in teaching

techniques and the development of transistorised hearing aids has brought the possibility of intelligible speech to many children who would otherwise have been unable to communicate save by sign. The outlook for them, both educationally and throughout their future adult life, is vastly different from what it was only a short time ago.

It is speech, the ability to hear and understand what is said and the means of communicating intelligibly with others, which is critical in the world of the deaf, and therefore the new definitions set out in Ministry of Health Circular 25/61 divide the deaf into the "deaf without speech" and the "deaf with speech".

In September, the Ministries of Health and Education issued jointly a memorandum on "Services for Young Children Handicapped by Impaired Hearing". (Ministry of Education Circular 14/61; Ministry of Health Circular 23/61).

The memorandum emphasises the importance of early diagnosis of hearing defects in young children, and recommends that "all infants with a family history of deafness, and those known to have been subjected to any adverse prenatal or perinatal influence; children with congenital abnormalities, multiple handicaps, cerebral palsy and speech defects; and all retarded children, should be considered as being "at risk", and should be the subject of special surveillance until there is positive evidence that hearing is normal. It is recognised that the application of auditory screening tests to every infant, although ideally desirable, is not at present practicable, and the possibilities of an "at risk register" have received increasing attention from audiologists in recent years, in the hope of ensuring early diagnosis in at least the majority of cases, although it is realised that in the present state of medical knowledge a substantial minority of cases of perceptive deafness in childhood cannot be ascribed to any known cause.

It also reviews the services at present available for the ascertainment and investigation of suspected deafness in childhood, and for the provision of treatment and training. This is essentially a matter of skilled team-work, in which the role of the teacher of the deaf is vital.

The child whose hearing is impaired must be encouraged from an early age, certainly before he is a year old, to be interested in the sounds that he can hear. This, only his mother can do but she, in her turn, requires instruction and continuous encouragement. Later on some children require hearing aids even while they are toddlers and these must be worn systematically and vigilance exercised to ensure that they are always working properly. Still later the child requires the organised facilities of a teaching unit and even when he can be transferred to an ordinary school, his progress there needs to be

watched, regression in speech corrected, and he may even require to be returned to the unit for a period of educational rehabilitation.

At each stage the teacher of the deaf is the person upon whom we rely for this many-sided assistance. For this reason the school health service has welcomed the setting up of the Unit for the Partially Deaf and has been not only gratified by its success but stimulated by its possibilities.

Opportunity was taken of conferring with our ear, nose and throat consultant colleagues concerning local arrangements for diagnosis and ascertainment. These were considered satisfactory because the hospital and the school health service alike refers the more severely handicapped children to the Audiology Unit of the Royal National Throat, Nose and Ear Hospital in London with which co-operation is both cordial and complete.

Our colleagues took occasion to commend most warmly the work of the Unit for the Partially Deaf, and it was satisfactory to conclude that if we could make arrangements for the surveillance of those children who are considered most likely to develop hearing difficulties, and do something to make parents, general practitioners and teachers aware of the importance of intermittent deafness caused by acute and chronic catarrhal conditions of the naso-pharynx, ensuring that adequate treatment is readily available, our local arrangements could be regarded as excellent.

10. ORTHOPAEDIC AND POSTURAL DEFECTS

Mention has been made in previous reports of the diminished incidence of minor orthopaedic defects such as flat foot and faulty posture as returned from routine medical inspections. With the exception of cerebral palsy, the major orthopaedic defects of childhood are also less frequent than in the past. Except as a clinical rarity and in the acute stage, rickets is never seen; bone tuberculosis is now uncommon; the treatment of osteomyelitis has been transformed by the use of antibiotics. Poliomyelitis remains, but the incidence of permanent paralysis has been slight in Southend in recent years, and the development of effective immunisation raises hopes of the ultimate conquest of this disease. The early diagnosis and successful treatment of congenital dislocation of the hip enables many of these children to lead normal lives by the time they reach school age.

The orthopaedic defects seen at the Open Air School are mainly cerebral palsy, poliomyelitis, and a variety of the less common congenital anomalies. These children, together with the severe asthmatics, constitute the "hard core" of the school, the children who will require special education throughout their school life.

The close liaison which exists between the school health service and the paediatric department of the hospital extends also to the orthopaedic department, and is greatly facilitated by the proximity of the open air school to the hospital, and the joint arrangements for the provision of physiotherapy at the school. During the year 26 children with orthopaedic defects were treated by the physiotherapist.

11. SPEECH THERAPY CLINIC

The clinic was open without interruption throughout the year and 166 children made 1967 attendances, compared with 144 children and 1890 attendances in the previous year.

The number of children referred to the speech therapist, mainly by head teachers, has steadily increased, and the waiting list has now reached such proportions that consideration will need to be given to the appointment of a second therapist, when it is proposed the present arrangement whereby the services of the speech therapist are shared with the Hospital Management Committee will be continued, for this has advantages both in fostering liaison and in enlarging the clinical experience of the therapist.

The following table shows the number and classification of defects under treatment during the year:-

<i>Diagnosis</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Hypernasality	1	1	2
Dyslalia	68	26	94
Stammer	21	6	27
Cleft Palate	3	4	7
Delayed Speech	20	4	24
Cerebral Palsy	2	3	5
Dyslalia and Stammer	5	1	6
Dyslalia and Hypernasality ...	0	1	1
	<hr/>	<hr/>	<hr/>
	120	46	166

12. CHILD GUIDANCE CLINIC

As indicated earlier in this report, the child guidance clinic has had no psychiatric social worker since August 1961 while the two educational psychologists left in October 1961 and January 1962 respectively.

The staff of a child guidance clinic is essentially a team. The psychiatrist is employed part-time, at present for only four sessions a week. Patients are ordinarily presented to him with a detailed "background" history and environmental assessment by the psychiatric social worker, and with the results of full psychometric testing by

the educational psychologist. Without these skilled preliminary investigations he is inevitably handicapped and his limited time is not used to best advantage.

There is close integration between the child guidance clinic and the school psychological service for which the chief education officer is responsible. Both the psychiatrist and the school medical officers are accustomed to seek the help of the psychologists, not only in the ascertainment of subnormality or maladjustment, but in advising on placement, in liaison with head teachers, and in the essential follow-up and observation of progress of children presenting special educational problems.

The following table summarises the work done at the Clinic during the year:-

CHILD GUIDANCE CLINIC

Part-time Psychiatrist:

Interviews with children	...	...	...	653
Interviews with parents	...	...	...	653
Interviews with Head Teachers, Probation Officers and other agencies	...	...	...	58

Psychiatric Social Worker:

Interviews with parents	...	...	...	595
Interviews with children	...	...	...	159
Home Visits	...	...	...	81
Visits - other agencies (e.g. Probation Officers)...				311

Educational Psychologists:

Interviews with children at clinic	...	...	...	864
Interviews with children at school	...	...	...	355
Interviews with parents	...	...	...	487
Interviews with Head Teachers	...	...	...	354
Interviews with Probation Officers and other agencies	...	...	...	104
Home Visits	...	...	...	82

The following tables show the sources of referral in the 146 cases referred to the clinic during the year, and the age range of the children concerned:-

Sources of Referral	Boys	Girls	Total
Parents	5	6	11
Principal School Medical Officer	14	3	17
Probation Officers/Juvenile Court	14	7	21
Private Doctors ...	31	22	53
Other Agencies ...	3	5	8
Medical Officers (S.G.H.)	4	1	5
Educational Psychologists	13	5	18
Head Teachers ...	7	6	13
	91	55	146

Age Range	Boys	Girls	Total
Under 5 years	6	3	9
5 - 7 years	10	15	25
8 - 10 years	34	12	46
11 - 13 years	27	15	42
14 - 16 years	14	10	24
16 +	-	-	-
	91	55	146

FOLLOWING-UP AND WORK OF NURSES

The Report for 1960 contained some observations illustrative of the advantages which accrue from the combination of the duties of health visitor and school nurse. The difficulties of recruitment of trained health visitors, and the ever-increasing calls on their time for a multiplicity of purposes, may engender a reflection on the disadvantages of this duality, for when pressure of work demands some sacrifice, it is the "follow-up" functions of the school nurse which tend to suffer, simply because they are not apparently urgent. The number of home visits made in this category has shown a steady decline in recent years, and this year only 543 visits were made, compared with 849 in the previous year.

The following table shows the follow-up visits made by the nurses during the year:-

	No. of Children	No. of Visits
Enlarged tonsils, adenoids or mouth-breathing	30	26
Squint or defective vision	60	56
Deformities	8	9
Verminous conditions... ..	250	145
Infectious diseases	244	97
Contagious skin diseases (Impetigo, Scabies, Ringworm)... ..	28	21
Malnutrition, neglect, etc.	28	22
Defective teeth	29	28
Tuberculosis	-	-
Other conditions, e.g. Blepharitis, Bronchitis, Otorrhoea, etc.	156	139
Total	833	543

HEALTH EDUCATION

The partiality for euphemism which is one of our national idiosyncrasies has the unfortunate result that "health education" is sometimes regarded as synonymous with sex instruction for adolescents.

It is of course, much wider, and the daily work of the health visitor and school nurse provides constant opportunities for advice and instruction to parents and children on the principles of healthy living.

The school nurses continue to give group talks on hygiene and mothercraft to the senior girls in secondary modern schools, an arrangement which is made possible by the kind help and ready co-operation of the various headmistresses.

It may be appropriate to mention here, two developments in the wider sphere of health education.

Students from the Southend Annexe of Trent Park Teachers' Training College were afforded facilities for seeing some of the activities of the school health service and the provision made for the ascertainment and education of handicapped pupils. The importance of a good understanding and mutual co-operation between teachers and school doctors and nurses needs no emphasis, and the opportunity of showing the students something of what the school health service seeks to achieve is welcomed.

Careers conventions for school leavers, and their parents, have become an established feature of the Youth Employment Service in recent years. A member of the school health service staff has attended the conventions in the grammar schools in order to talk and answer questions on "Medicine as a Career".

HANDICAPPED PUPILS

(A) EDUCATIONAL SUBNORMALITY

The various methods of providing special education for subnormal children were reviewed in Circular 11/61, which reiterates the opinion that the majority of backward children can be suitably educated in ordinary schools, and it is in their interest to retain them, if possible, in the community of normal children. To do so however, requires the provision of small classes and teachers with special training and experience, the limiting factor at the present time.

There has been a tendency in recent years to widen the range of day special schools by admitting children with higher IQ levels. This has advantages for the individual child, where a special class in an ordinary school is not available, and for the special school, in that it helps to dispel the lingering prejudice which is still sometimes encountered, and to make the recommendation of special schooling more acceptable to parents. This more liberal outlook is also fostered by the growing practice, commended in the Circular, of admitting children to special schools without the formality of procedure under Section 34 of the Education Act, provided that the parents agree and are aware that the minimum leaving age from a special school is sixteen years.

There are, however, some disadvantages inseparable from these policies, particularly if there are insufficient places available for children needing special schooling. The Ministry recommends

that children with the greatest degree of handicap should be given priority of admission, that children whose suitability for education at school is doubtful should be given a trial, and that, where a child requires education in a special school, his admission should not be delayed on account of an arbitrary minimum age of selection.

These criteria are in direct conflict with the developments mentioned earlier. Whenever the demand for places exceeds what is available, be this in hospitals, convalescent homes or educational establishments, those in charge become more selective. When sanatorium beds for the treatment of pulmonary tuberculosis were under pressure it was the early, the curable case which was accepted and the more advanced patient with the more doubtful prognosis who was rejected. The only way in which this inevitable tendency can be defeated is the provision of an adequate number of places catering for the appropriate age groups.

(B) HOME AND HOSPITAL TUITION

The need for home tuition is fortunately small, but the one teacher available for this work is always fully occupied, and during this year she visited eleven children. Most of them are children with severe multiple handicaps who are unlikely to be able to attend school, and thus represent a permanent problem during their school years. A few, however, are suffering from disabilities which only render them temporarily unfit for school, and in due course they pass on to a special or an ordinary school. The provision of home tuition enables these children to maintain contact with, and interest in, their education, despite a perhaps lengthy illness.

The same can be said of hospital tuition which is provided on four sessions a week in the children's wards at Southend General Hospital. This is not a long-stay hospital, but the teacher's visits are most valuable, not only from an academic point of view, but in providing interest and stimulation and contact with the world outside the hospital.

In the latter part of the year the children's wards were transferred temporarily to Rochford Hospital where the teacher continued to attend regularly.

(C) SPECIAL CLASSES FOR MALADJUSTED PUPILS

The special tutorial unit at Chalkwell school continues to provide a very valuable service under rather difficult conditions. A third class was added in January, 1961, and the unit is now able to take girls as well as boys. Admissions to and discharges from the unit are made on the advice of the consultant psychiatrist, and close contact is maintained between the teachers and the child

guidance clinic and the educational psychologists.

Reference was made last year to the intention to provide a small day special school for maladjusted pupils, of which the children attending this unit would form the nucleus. This project received the approval in principle of the Ministry in March, and it is hoped that its realisation will not be long delayed.

Failure to make educational progress commensurate with ability may be one manifestation of maladjustment, equally cause and effect can be reversed and educational failure predispose to maladjustment. These considerations make special educational provision, such as the four remedial reading centres, of special significance to the child guidance service, and the help we obtain from this source is much appreciated.

(D) PARTIALLY DEAF UNIT

When this unit was established at Victoria Avenue School at the end of 1958, it was known that its life there would be short, as the school was due to be demolished to enable the development of the Civic Centre site to proceed. The school closed at the end of the summer term, and the unit was transferred in September to Prince Avenue School, where it occupies two adjoining classrooms. During 1961 it continued as a single class unit but a second teacher joined the staff in January, 1962. This will enable more attention to be devoted to children who attend part-time, as well as making it possible to accommodate a larger number of children, and to provide better classification according to age and degree of handicap.

The unit is housed in a single-storey building of light construction, with a large amount of glass both on the window and the corridor sides, and is centrally situated in a large primary school. Despite this, the degree of sound reduction achieved by the use of insulated flooring and acoustic tiling on the ceiling and part of the walls, gives satisfactory working conditions for the use of the group hearing aid, or the alternative induction loop system with which the children use their individual aids. It is, of course, neither necessary nor desirable to provide complete sound proofing, because the children have to use their hearing aids, and to learn to discriminate sounds, in a normal environment of which ambient noise is an inseparable feature.

In the course of the year some 18 children attended the unit, most of them part-time. Three children under five were visited at home by the teacher of the deaf. One of these is a severely deaf baby, who was provided with a hearing aid at the age of nine months, and who was provided with auditory training and parent guidance at the request of the Health Committee. This is an example of the successful application of early ascertainment, to the importance of which reference has already been made.

Children of primary school age attending the unit spend part of their time in group activities with the normal children in the school. The support and interest of the head teachers of the Infant and Junior Departments has contributed in no small measure to the successful establishment of the unit in its new home.

SPECIAL SCHOOLS

ST. CHRISTOPHER SCHOOL

The consequences which follow too many applicants for too few places have been mentioned in the section on educational subnormality. At this school an uneven age distribution causes a waiting list for younger pupils while there are still some vacancies for older children. The "bulge" which is appearing is attributable to several causes; the child population has increased numerically, ascertainment of educational subnormality has been earlier and more complete as the psychological service of the education authority has developed and ordinary schools, in present circumstances, have difficulty in providing for subnormal children. This "bulge" is, however, like other bulges, an embarrassment to the School Health Service which is finally charged with the duty of ascertainment.

DAY OPEN AIR SCHOOL

The title "Open Air School" has become something of a misnomer, or at least, its implications have altered with the passage of time and the evolution of opinion. The school accepts children with a wide range of physical handicap as well as those who are classified as "delicate". Many of the more severely handicapped are relatively immobile and would not be suitable for the spartan regime formerly associated with open air schools. Apart from this however, the requirements of a protected environment, healthy conditions, and a flexible curriculum are not inconsistent with a due regard for comfort and amenity.

After the school had been without a physiotherapist since May 1960, Mrs. J. Pankhurst was appointed in February 1961 as children's physiotherapist at Southend General Hospital. By arrangement with the Hospital Management Committee she works at the Open Air School for four sessions a week, during which she gives individual treatment to the physically handicapped and conducts group therapy for children suffering from respiratory conditions.

The school is visited weekly by the deputy school medical officer, who made 303 special examinations during the year.

The following table shows an analysis of the medical condition of the 134 children who were in attendance during the year:-

				Boys	Girls
Asthma	...	...	...	21	15
Bronchiectasis	...	...	...	4	2
Recurrent Respiratory Infections			...	12	9
Hemiplegia	...	...	...	1	1
Diabetes	...	...	...	-	1
Cerebral Palsy	...	...	...	7	7
Post-poliomyelitis	...	...	...	5	4
Pseudo-hypertrophic Muscular Dystrophy...				2	1
Congenital Heart Disease	...	...		4	3
Non-pulmonary Tuberculosis	...	...		-	1
Haemophilia	...	...	...	2	-
General Debility	...	...	...	4	3
Spina Bifida	...	...	...	3	2
Perthes Disease	...	...	...	1	1
Fragilitas Ossium	...	...	...	2	3
Purpura	...	...	...	1	-
Arthro-gryposis	...	...	...	1	1
Epilepsy	...	...	...	-	1
Multiple congenital defects	...	...		-	1
Fibro Cystic Disease	...	...		1	-
Hydrocephalus	...	...	...	1	-
Gastric Ulcer	...	...	...	1	-
Dermatomyositis	...	...	...	-	1
Osteogenesis Imperfecta	...	...		-	1
Anxiety Neurosis	...	...	...	1	-
Rheumatoid Arthritis	...	...		1	-
Dyslexia and Dysarthria	...	...		1	-
				<hr/> 76	<hr/> 58

Handicapped Pupils	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Physically handicapped (6) Delicate		(7) Maladjusted (8) Educationally sub-normal		(9) Epileptic (10) Speech defects		TOTAL (1)-(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
In the year ended 31st December, 1961:-											(11)
A. Newly ascertained as requiring special schooling	-	-	-	1	3	22	3	27	-	-	56
B. (i) No. of above newly placed in Special Schools	-	-	-	-	3	18	-	8	-	-	29
(ii) Ascertained prior to 1.1.61 and newly placed in Special Schools	-	1	-	-	-	1	1	12	-	-	15
C. Requiring Places in Special Schools											
(i) Day	-	-	-	-	-	1	-	23	-	-	24
(ii) Boarding	-	-	-	1	2	-	1	-	-	-	4
D. (i) 1. Attending maintained special schools:-											
(a) Day	-	-	-	-	20	42	-	105	-	-	167
(b) Boarding	-	2	2	2	1	1	2	1	-	-	11
2. Attending non- maintained special schools:-											
(a) Day	-	-	-	-	-	-	-	-	-	-	-
(b) Boarding	5	5	1	1	5	1	1	5	-	-	24
(ii) Attending independent schools	-	-	2	-	3	-	3	1	-	-	9
(iii) In Boarding Homes	-	-	-	-	-	3	-	-	-	-	3
TOTAL	5	7	7	3	29	47	5	112	-	-	215
E. Receiving Education other- wise than at school:-											
(i) In hospital	-	-	-	-	5	5	-	-	-	-	10
(ii) In other groups	-	-	-	18	-	1	21	-	-	-	40
(iii) At home	-	-	-	1	5	-	1	2	-	-	9

RESIDENTIAL SPECIAL SCHOOLS

The Authority provides no residential special school, and the following Table shows the number of children with various categories of handicap who were maintained at special schools during the year:-

BLIND AND PARTIALLY SIGHTED

				Boys	Girls
West of England School for the Partially Sighted	...	...	...	1	-
Dorton House, Seal	...	...	...	1	1
Chorleywood College	...	...	...	-	1
Barclay, Sunninghill	...	...	...	-	3
Condober Hall	...	...	...	-	1
Exhall Grange, Coventry	...	...	...	2	-
St. Vincent's, Liverpool	...	...	...	1	-
Royal Normal College, Shrewsbury	...	...	...	-	1

DEAF AND PARTIALLY DEAF

Royal School for the Deaf, Margate	...	...	...	2	-
Mill Hill Oral School, Haywards Heath	...	...	...	-	1
School for Jewish Deaf, Wandsworth Common	...	...	...	-	1
Nutfield Priory	...	...	...	-	2
Needwood School for the Partially Deaf	...	...	...	1	1
Mrs. Ingall's, Woodford Green	...	...	...	-	1
Hamilton Lodge	...	...	...	1	-

EDUCATIONALLY SUBNORMAL

East Hill House	...	...	...	1	-
Pitt House School, Chudleigh	...	...	...	1	-
Thornbury House	...	...	...	1	-
Besford Court	...	...	...	5	-
Ramsden Hall	...	...	...	1	-
Halstead Place	...	...	...	1	-
Burrow Hill, Surrey	...	...	...	1	-
Bradstow School, Broadstairs	...	...	...	-	1

PHYSICALLY DEFECTIVE AND DELICATE

Palace School, Ely	...	...	...	-	2
Trueloves, Ingatestone	...	...	...	1	-
Burton Hill House, Malmesbury	...	...	...	-	1
St. Monica's Home, Kingsdown	...	...	...	1	-
Hawksworth Hall	...	...	...	-	1
Wilfred Pickles School, Duddington	...	...	...	1	-
Thomas Delarue, Tonbridge	...	...	...	-	1
Ogilvie, Clacton	...	...	...	2	-
Shaftesbury House, Rustington	...	...	...	2	-
Craig-y-Parc, Cardiff	...	...	...	-	1
Davos, Switzerland	...	...	...	-	2
Hephaistos School	...	...	...	1	-
Laleham, Margate	...	...	...	-	1
St. Dominic's Open Air, Godalming	1	-
Elmfield School, Harpenden	-	1

EPILEPTIC

Lingfield Hospital School	3	-
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MALADJUSTED

St. Catharine's Home, Almondsbury	1	-
Homestead, Langham	1	-
St. Peter's, Wakefield	-	1
Alresford Place	...	...	...	1	-
Greenwood, Halstead	...	...	...	-	1
Farney Close, Bolney	...	...	...	1	-
St. Christopher's, Great Missenden	...	...	...	-	1
St. Thos. More School, Frenshaw	...	...	...	1	-
Broadview House, Hayling Island	...	...	...	1	-
Nazeing Park, Epping	...	...	...	1	-
St. Martin's House Hostel, Nunhead	...	...	...	1	-

Some progress has been made in recent years in the provision of places in residential schools for handicapped pupils, although difficulties are still experienced in some categories, notably psychological maladjustment and children suffering from multiple handicaps. On occasion the placement of children presenting special problems has involved the expenditure of much time and effort in making repeated application to a large number of schools, and the limited provision of places in certified special schools has been supplemented by the use of independent schools which cater wholly or partly for handicapped pupils.

The decision of the Ministry of Education, notified in Circular 4/61, to restrict the use of independent schools for handicapped pupils, from January 1964 onwards, to those schools which are recognised by the Minister as efficient, would appear to indicate that the long term prospects of sufficient places becoming available are considered to be favourable. There may, however, be some temporary difficulties when the restriction comes into force.

NURSERY CLASSES

No special problems arose in connection with the two nursery classes at Bournemouth Park and the Open Air School. The demand for places still exceeds the available vacancies, with the result that the duration of stay tends to get shorter, since children cannot be admitted until some time after they become eligible at the age of three years. The classes fulfil a useful purpose, particularly where there are special reasons either for relieving the mother of the care of a child, or for placing the child in a "group situation" and an ordered environment.

TRAINING OF DISABLED PERSONS

The Municipal College continues to provide special classes for backward readers and for the hard of hearing. Individual children with special handicaps such as blindness and cerebral palsy are sometimes retained in residential special schools beyond the age of sixteen years, but in general, where specific vocational training is recommended for a handicapped school leaver, this is arranged in consultation with the disablement officers of the Ministry of Labour.

EMPLOYMENT OF SCHOOL CHILDREN

Children over the age of thirteen years are examined by the school medical officers before being allowed to engage in employment outside school hours. The number of children examined this year was 537, compared with 534 last year. They comprised 376 boys and 161 girls, and of these 83 boys and 31 girls were grammar school pupils. In addition 2 boys and 23 girls were examined for temporary theatrical employment.

YOUTH EMPLOYMENT SERVICE

The standing arrangements for consultation between the youth employment officers and the school medical officers were described last year, and have been continued without modification.

The help of the youth employment officers is particularly valuable in the placement, with or without special vocational training, of severely handicapped pupils, leaving the Open Air School, or residential special schools. In the case of children leaving St. Christopher School there is also consultation, where appropriate, with the mental welfare officers of the Local Health Authority.

SCHOOL HYGIENE

In general, Southend is fortunate in having a relatively high proportion of modern school buildings, and the number of schools with seriously outdated kitchen, dining or toilet facilities grows smaller each year as the programme of modernisation proceeds. The intervention of the school medical officer is seldom necessary in regard to basic problems of sanitation. His advice is more usually sought on specific problems such as food hygiene in the school meals service, the use of gymnasia and shower baths in relation to outbreaks of plantar warts, and special circumstances in workshops and laboratories.

INFECTIOUS DISEASES

Apart from the normal seasonal prevalence of the common infectious diseases there was no special outbreak this year, and no unusual problem for investigation.

Two small-scale tuberculin test surveys of contacts were undertaken, in the course of which 338 children were tested. In both cases the results were reassuring, in that they did not disclose any unsuspected source of infection or evidence of spread within the schools.

A further survey was made of selected pupils from the girls' secondary school which was the subject of an annotation in last year's report.

PROPHYLACTIC MEASURES

(A) B.C.G. VACCINATION

Tuberculin testing and vaccination were again carried on during the spring and autumn terms. During the year 2756 children in the eligible age group were tested, and 2367 negative reactors received B.C.G.

In addition, tuberculin testing was offered to all pupils in the second year at secondary schools and some of the pupils in the

first year. The ultimate objective is the annual testing of all children. This will not only provide useful information on the epidemiology of tuberculosis in the community, but will enable us to identify positive reactors more nearly at the time of conversion, and thus to afford them the protection of special surveillance during the critical period.

The proportion of positive reactors in the first year children was 4.7 per cent. In the second year it had risen to 7.1 per cent and in the third year, when they become eligible for B.C.G., it was 8.5 per cent.

(B) POLIOMYELITIS VACCINATION

In April the Ministry of Health authorised the administration of a fourth dose of poliomyelitis vaccine to children between the ages of 5 and 12 who had received a third injection not less than one year previously.

It was apparent that the regular immunisation clinics, while able to deal with the normal programme of children becoming due for vaccination, would not be able to cope with the large number who became immediately eligible for a fourth dose. It was therefore decided, with the approval of the Education Committee, to organise special sessions in the primary schools, in the course of which 9575 children received fourth injections between the end of May and the beginning of July.

As on previous occasions, the head teachers and staffs of the schools gave the project their wholehearted support and most valuable help. Grateful thanks are also due to the school welfare officers who undertook the onerous task of verifying the addresses and schools of children who had either not been in attendance at school when they received their initial course of vaccine, or had moved since completing it.

Later in the year difficulties were experienced in the supply of vaccine, with the result that priorities had to be restricted and ultimately fourth injections were temporarily suspended.

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY
AND SPECIAL SCHOOLS)

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth) (1)	No. of Pupils Inspected (2)	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1957 and later	-	-	-	-	-
1956	151	151	100	-	-
1955	231	231	100	-	-
1954	126	126	100	-	-
1953	58	58	100	-	-
1952	180	180	100	-	-
1951	212	212	100	-	-
1950	262	262	100	-	-
1949	606	606	100	-	-
1948	866	866	100	-	-
1947	1,068	1,068	100	-	-
1946 and earlier	2,047	2,047	100	-	-
TOTAL	5,807	5,807	100	-	-

TABLE B - PUPILS FOUND TO REQUIRE TREATMENT AT
PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1957 and later	-	-	-
1956	-	4	4
1955	2	7	9
1954	3	2	5
1953	1	2	3
1952	6	3	8
1951	10	9	17
1950	11	14	23
1949	24	19	41
1948	34	37	71
1947	44	44	88
1946 and earlier	90	60	147
TOTAL	225	201	416

TABLE C - OTHER INSPECTIONS

Number of Special Inspections	10,177
Number of Re-inspections	8,730
Total	<u>18,907</u>

TABLE D

INFESTATION WITH VERMIN

(I) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	37,385
(II) Total number of individual pupils found to be infested	71

PART II - DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A - PERIODIC INSPECTIONS

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER 1961.

Defect Code No.	Defect or Disease	Entrants		Leavers		Others		Total	
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin ...	4	17	72	132	18	31	94	180
5	Eyes -								
	(a) Vision ...	12	44	168	473	45	84	225	601
	(b) Squint ...	3	13	1	11	4	5	8	29
	(c) Other ...	-	1	4	6	-	4	4	11
6	Ears -								
	(a) Hearing ...	-	6	1	7	-	6	1	19
	(b) Otitis Media	1	6	-	3	-	2	1	11
	(c) Other ...	-	-	-	3	-	8	-	11
7	Nose and Throat...	1	25	5	52	-	16	6	93
8	Speech	4	11	-	3	-	2	4	16
9	Lymphatic Glands	-	3	-	1	-	-	-	4
10	Heart	-	7	-	17	-	4	-	28
11	Lungs	1	15	-	43	-	16	1	74
12	Developmental -								
	(a) Hernia ...	1	5	-	7	-	2	1	14
	(b) Other ...	1	7	2	75	-	29	3	111
13	Orthopaedic -								
	(a) Posture ...	-	-	-	26	-	10	-	36
	(b) Feet ...	-	-	5	16	3	14	8	30
	(c) Other ...	-	-	3	37	-	15	3	52
14	Nervous system -								
	(a) Epilepsy ...	-	-	2	10	-	6	2	16
	(b) Other ...	-	2	-	24	-	11	-	37
15	Psychological -								
	(a) Development	-	-	-	4	2	2	2	6
	(b) Stability	-	-	1	16	-	10	1	31
16	Abdomen ...								
17	Other	7	30	51	97	16	20	74	147

TABLE B - SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	934	75
5	Eyes - (a) Vision... ..	714	19
	(b) Squint... ..	7	1
	(c) Other	42	7
6	Ears - (a) Hearing	15	8
	(b) Otitis Media... ..	14	7
	(c) Other	29	7
7	Nose and Throat	37	12
8	Speech	26	7
9	Lymphatic Glands	2	1
10	Heart	1	-
11	Lungs	7	4
12	Developmental:-		
	(a) Hernia... ..	-	-
	(b) Other	-	1
13	Orthopaedic:-		
	(a) Posture	9	2
	(b) Feet	21	8
	(c) Other	54	15
14	Nervous system:-		
	(a) Epilepsy	3	-
	(b) Other	6	-
15	Psychological:-		
	(a) Development	9	3
	(b) Stability	248	-
16	Abdomen	14	7
17	Other	383	187

PART III - TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY
AND SPECIAL SCHOOLS)

TABLE A - EYE DISEASE, DEFECTIVE VISION AND SQUINT

*Number of cases known to
have been dealt with*

External and other, excluding errors of refraction and squint	93
Errors of refraction (including squint)	588
Total	<u>681</u>

Number of pupils for whom spectacles were prescribed	294
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TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

*Number of cases known to
have been dealt with*

Received operative treatment	
(a) for diseases of the ear	12
(b) for adenoids and chronic tonsillitis	342
(c) for other nose and throat conditions	11
Received other forms of treatment	88
Total	<u>453</u>

Total number of pupils in school
who are known to have been
provided with hearing aids.

(a) in 1961	...	...	...	...	6
(b) in previous years	...	...	...	...	33

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

*Number of cases known to
have been treated*

(a) Pupils treated at clinics or outpatient departments	...	...	205
(b) Treated at school for postural defects			-

TABLE D - DISEASES OF THE SKIN (excluding uncleanliness
for which see Table D of Part I)

*Number of cases known to
have been treated*

Ringworm - (a) Scalp	...	...	...	...	-
(b) Body	...	...	...	...	-
Scabies	...	...	...	...	2
Impetigo	...	...	...	...	20
Other skin diseases	...	...	...	...	256
Total					<u>278</u>

TABLE E - CHILD GUIDANCE TREATMENT

*Number of cases known to
have been treated*

Pupils treated at Child Guidance Clinics	245
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TABLE F - SPEECH THERAPY

Pupils treated by Speech Therapist	...	166
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TABLE G - OTHER TREATMENT GIVEN

*Number of cases known to
have been dealt with*

(a) Pupils with minor ailments	...	...	2,301
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...	5
(c) Pupils who received B.C.G. vaccination	...	...	2,367
(d) Tuberculin Surveys (other than for B.C.G.)	...	...	3,589
(e) Physiotherapy	...	...	26
(f) Orthoptic Clinic	...	...	270
Total			<u>8,558</u>

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the
Authority's Dental Officers:-

(a) At Periodic Inspections	...	6,075
(b) As Specials	...	1,719
Total		<u>7,794</u>

(2) Number found to require treatment	5,139
(3) Number offered treatment	4,889
(4) Number actually treated	3,495
(5) Number of attendances made by pupils for treatment including those recorded at 11 (h) below	6,428
(6) Half days devoted to:-	
(a) Periodic (School) Inspection	38
(b) Treatment	612
	<hr/>
Total	650
(7) Fillings:-	
Permanent teeth	2,179
Temporary teeth	501
	<hr/>
Total	2,680
(8) Number of teeth filled:-	
Permanent teeth	2,056
Temporary teeth	489
	<hr/>
Total	2,545
(9) Extractions:-	
Permanent teeth	1,029
Temporary teeth	4,622
	<hr/>
Total	5,651
(10) Administration of general anaesthetics for extraction	2,671
(11) Orthodontics:-	
(a) Cases commenced during the year	50
(b) Cases carried forward from previous year	27
(c) Cases completed during the year	24
(d) Cases discontinued during the year	11
(e) Pupils treated with appliances	47
(f) Removable appliances fitted	59
(g) Fixed appliances fitted	-
(h) Total attendances	906
(12) Number of pupils supplied with artificial teeth	34
(13) Other operations:-	
(a) Permanent Teeth	238
(b) Temporary Teeth	49
	<hr/>
Total	287

